

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 29, 2008  
Secretary of State

DOCUMENT# N19830

Entity Name: CORAL SPRINGS MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

3000 CORAL HILLS DRIVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3000 CORAL HILLS DRIVE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 59-2788473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, SHAUN M  
2521 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEFAZIO, BARBARA  
Address: 8450 NW 45 MANOR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete  
Name: CIARDULLO, VINCET  
Address: 1035 COUNTRY CLUB DRIVE  
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete  
Name: BOJANOSKI, CLALIRE  
Address: 2629 NW 98TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete  
Name: CAGGIANO, MARILYN  
Address: 8275 NW 98TH AVENUE  
City-St-Zip: TAMARAC, FL 33321

Title: MD (X) Delete  
Name: FREEDMAN, JOYCE  
Address: 10777 WEST SIMPLE ROAD APT 912  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: BOJANOSKI, CLAIRE  
Address: 2629 NW 98TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD (X) Change ( ) Addition  
Name: FREEDMAN, JOYCE  
Address: 10777 WEST SAMPLE ROAD APT 912  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD (X) Change ( ) Addition  
Name: CALARESO, ANNA  
Address: 11070 NW 28TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA DEFAZIO

PRES

01/29/2008

Electronic Signature of Signing Officer or Director

Date