2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
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: BOJANOSKI, CLAIRE
Address: 2629 NW 98TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete
Name: FREEMAN, JOYCE
Address: 10777 WEST SAMPLE ROAD APT 912
City-St-Zip: CORAL SPRINGS, FL 33065

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date