

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19830

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**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  
Name: BOJANOSKI, CLAIRE  
Address: 2629 98TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD  
Name: CALARESO, ANNA  
Address: 11070  
City-St-Zip: NW 28TH STREET, FL 33065

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

Title: VD  
Name: DELLABELLA, GAIL  
Address: 2801 NW 116 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE BOJANOSKI

PD

01/15/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date