

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19830

FILED
Feb 02, 2012
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 US

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

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

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

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

02/02/2012

Electronic Signature of Signing Officer or Director

Date