

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27527 (3)**

1. Corporation Name

**WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, IN C.**



Principal Place of Business

Mailing Address

C/O BUNNY CARO-JUSTIN  
21644 STATE ROAD 7 (HWY. 441)  
BOCA RATON FL 33428  
US

C/O BUNNY CARO-JUSTIN  
21644 STATE ROAD 7 (HWY. 441)  
BOCA RATON FL 33428  
US

3. Date Incorporated or Qualified  
**07/20/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0095362**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

22

27

23

28

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRESIDENT ELECT  
21644 STATE ROAD 7  
HWY 441  
BOCA RATON FL 33428**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME KERMICK, BILL  
STREET ADDRESS 22388 S.W. 65TH AVE.  
CITY-ST-ZIP BOCA RATON FL

TITLE VPD ☐ DELETE  
NAME SMITH, MARCIA  
STREET ADDRESS 9812 ORANGE PK. TERRACE  
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE  
NAME ~~JONAS XADRE~~ SCUTELLARO, JILL  
STREET ADDRESS ~~800 N.W. 18TH AVE.~~ 8326 SUNMEADOW LA.  
CITY-ST-ZIP ~~DELRAY BEACH FL~~ BOCA RATON, FL.

TITLE TD ☐ DELETE  
NAME BROWN, VICTOR  
STREET ADDRESS 2815 S.W. 13TH ST. CB-68  
CITY-ST-ZIP DELRAY BEACH FL

TITLE AT ☐ DELETE  
NAME BERNSTEIN, HENRIETTA  
STREET ADDRESS 9223 S.W. 8TH ST. #312  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Victor Brown Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR BROWN

4/16/96

Daytime Phone #

CR2E037 (12/95)