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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33428-1842
US

3. Date Incorporated or Qualified
07/20/1988

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME SCUTELLARO, JILL
STREET ADDRESS 8326 SUNMEADOW LA
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME BROWN, VICTOR
STREET ADDRESS 2815 S.W. 13TH ST. CB-88
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition

TITLE AT ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* VICTOR BROWN TREAS. 4/21/97 (61) 488-8178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone # 0041848

CR2E037 (9/96)