

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90017 018 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27527

1. Entity Name

WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, INC

Principal Place of Business

Mailing Address

C/O JOAN YOUNG
21644 STATE ROAD 7 (HWY. 441)
BOCA RATON FL 33428
US

C/O JOAN YOUNG
21644 STATE ROAD 7 (HWY. 441)
BOCA RATON FL 33428
US

00057433

2. Principal Place of Business

3. Mailing Address

21644 STATE ROAD 7 HWY 441
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

BOCA RATON FL 33428

SAME

4. FEI Number

65-0095362

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33428 PALM BEACH

SAME

SAME

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLONIN, NATHAN 9712 PARKVIEW AVE BOCA RATON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTERSON, ELLEN 22569 SAWFISH TERR BOCA RATON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCUTELLARO, JILL 8326 SUNMEADOW LA BOCA RATON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, VICTOR 2815 S.W. 13TH ST. CB-68 DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERNSTEIN, HENRIETTA 9223 S.W. 8TH ST. #312 BOCA RATON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM KERMICK 3339 N.W. 67th STREET COCONUT CREEK, FL 33073	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BETH MITCHELL 9070 TRACY COURT BOCA RATON, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCUTELLARO, JILL 8326 SUNMEADOW LA BOCA RATON, FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VICTOR BROWN

BROWN

5/24/01

(561) 278-5359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

D3

Daytime Phone

CR2E037 (10/00)