

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N27527**

1. Entity Name

WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY,  
INC.



Principal Place of Business

21644 STATE ROAD 7 (HWY. 441)  
BOCA RATON FL 33428  
US

Mailing Address

21644 STATE ROAD 7 (HWY. 441)  
BOCA RATON FL 33428  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0095362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, CLARENCE  
9155 FLYNN CIRCLE  
APT #4  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BELLA, MILGRIM ☐ Delete  
STREET ADDRESS 9070 TRACEY COURT  
CITY - ST - ZIP BOCA RATON FL 33496

TITLE VPD  
NAME WELLINS, EDWARD ☐ Delete  
STREET ADDRESS 10902 HIDDEN LAKE PL  
CITY - ST - ZIP BOCA RATON FL 33498

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

TITLE TD  
NAME BLOOM, CLARENCE ☐ Delete  
STREET ADDRESS 9155-4 FLYNN CIRCLE  
CITY - ST - ZIP BOCA RATON FL 33496

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000077004  
CITY - ST - ZIP 03/05/04-80024-022 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Clarence L. Bloom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/01/04*

*488-8178*

Date

Daytime Phone #