

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90067 011 ****61.25

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



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

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

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

Clarence L. Bloom Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

1/28/05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BELLA, MILGRIM 9070 TRACEY COURT BOCA RATON FL 33496 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD WELLINS, EDWARD 10902 HIDDEN LAKE PL BOCA RATON FL 33498 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SCUTELLARO, JILL 8326 SUNMEADOW LA BOCA RATON FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BLOOM, CLARENCE 9155-4 FLYNN CIRCLE BOCA RATON FL 33496 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT BERNSTEIN, HENRIETTA 9223 S.W. 8TH ST. #312 BOCA RATON FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

| | | |
|----------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Clarence Bloom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

561-488-8178

Daytime Phone #