2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2007 8:00 am
Secretary of State

07-30-2007 90061 033 ****70.00

DOCUMENT # N27527

1. Entity Name

WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, INC.

Principal Place of Business	Mailing Address
21644 STATE ROAD 7 (HWY. 441) BOCA RATON FL 33428 US	21644 STATE ROAD 7 (HWY. 441) BOCA RATON FL 33428 US

2. Principal Place of Business - No P O Box # | 3. Mailing Address

Suite, Apt. #, etc | Suite, Apt. #, etc

City & State | City & State

Zip | Country | Zip | Country

2nd MOORE CR2E037 (4/07)

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 Clarence Bloom — 8/17/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25 Due By September 5, 2007

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	ATD	☐ Delete
NAME	TURGEL, GEORGE	
STREET ADDRESS	3017 LINCOLN "A"	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	☐ Delete
NAME	TURGEL, HARRIET	
STREET ADDRESS	3017 LINCLON "A"	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	☐ Delete
NAME	BLOOM, CLARENCE	
STREET ADDRESS	9155-4 FLYNN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	☒ Delete
NAME	RUTHERFORD, CAROL	
STREET ADDRESS	22271 FESTIVAL W IVY 2	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	1VPD	☐ Delete
NAME	LAFEVER, ANNE	
STREET ADDRESS	10240 BOCA BEND W IVY 2	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	2VPD	☐ Delete
NAME	PRICE, EDITH	
STREET ADDRESS	9540 TAORMINA ST	
CITY-ST-ZIP	LAKE WORTH FL 33467	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME	LAFEVER, ANNE	
STREET ADDRESS	10240 BOCA BEND W IVY 2	
CITY-ST-ZIP	BOCA RATON, FLA. 33428	
TITLE	1VPD	☒ Change ☐ Addition
NAME	PRICE, EDITH	
STREET ADDRESS	9540 TAORMINA ST.	
CITY-ST-ZIP	LAKE WORTH, FL. 33467	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 — 8/17/07 — 561-488-8178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #