2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N27527

1. Entity Name

WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, INC.

FILED
09 JUN 30 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1st MOORE CR2E037 (10/07)

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

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

FILE NOW. FEE IS $61.25 Due By May 1, 2008

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	ATD ☒ Delete	TITLE	ATD ☐ Change ☐ Addition
NAME	TURGEL, GEORGE	NAME	VACANT
STREET ADDRESS	3017 LINCOLN "A"	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	S ☒ Change ☐ Addition
NAME	TURGEL, HARRIET	NAME	Shirley Guzy
STREET ADDRESS	3017 LINCLON "A"	STREET ADDRESS	8924 Thames River Dr.
CITY-ST-ZIP	BOCA RATON Fl. 33434	CITY-ST-ZIP	BOCA RATON, FLA. 33428
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLOOM, CLARENCE	NAME	--
STREET ADDRESS	9155-4 FLYNN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	600158011986 06/30/09--01043--001 **61.25
TITLE	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	LAFEVER, ANNE	NAME	Fred SHAW
STREET ADDRESS	10240 BOCA BEND W. IVY 2	STREET ADDRESS	4509 BeTeLnut ST.
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	BOCA RATON, FLA. 33428
TITLE	1VPD ☒ Delete	TITLE	Parliementarian ☐ Change ☐ Addition
NAME	LAFEVER, ANNE	NAME	MARie Ruggiero
STREET ADDRESS	10240 BOCA BEND W IVY 2	STREET ADDRESS	19266 BayLeaf Court
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	BOCA RATON, FLA 33433
TITLE	2VPD ☐ Delete	TITLE	1VPD ☒ Change ☐ Addition
NAME	PRICE, EDITH	NAME	PRICE, EDITH
STREET ADDRESS	9540 TAORMINA ST	STREET ADDRESS	9540 TAORINA ST.
CITY-ST-ZIP	LAKE WORTH FL 33467	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 Section 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 Clarence Bloom 6/24/09 561-488-8198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N07/9