

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27527

FILED
Jan 24, 2010
Secretary of State

Entity Name: WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0095362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EVEKER, KATIE
8069 SPRINGTREE ROAD
BOCA RATON, FL 33496 US

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: KATIE EVEKER

01/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: GUZY, SHIRLEY
Address: 8924 THAMES RIVER DRIVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: TD
Name: EVEKER, KATIE
Address: 8069 SPRINGTREE RD
City-St-Zip: BOCA RATON, FL 33496 US

Title: PD
Name: SHAW, FRED
Address: 4509 BETELNUT ST.
City-St-Zip: BOCA RATON, FL 33428 US

Title: PARL
Name: RUGGIERO, MARIE
Address: 19266 BAYLEAF COURT
City-St-Zip: BOCA RATON, FL 33433 US

Title: 1VPD
Name: MONDELLI, ANNAMARIE
Address: 10980 LASALINAS CIRCLE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATIE EVEKER

TD

01/24/2010

Electronic Signature of Signing Officer or Director

Date