

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N48395	
1. Entity Name PARKWAY REGIONAL MEDICAL CENTER AUXILIARY, INC.	
Principal Place of Business 160 N.W. 170TH STREET NORTH MIAMI BEACH, FL 33169 US	Mailing Address 160 N.W. 170TH STREET NORTH MIAMI BEACH, FL 33169 US Attn: Volunteer Dept.



FILED
Apr 08, 2005 08:00 AM
Secretary of State



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0343326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FRANK, SHIRLEY A 160 N.W. 170TH STREET NORTH MIAMI BEACH, FL 33169 Attn: Volunteer Dept.
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALTER, ANNE 160 N.W. 170TH STREET NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LABELL, BETH G 160 N.W. 170TH STREET NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANK, SHIRLEY 160 N.W. 170TH STREET NORTH MIAMI BEACH, FL
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04/08/05-80024-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Anne Malter **Anne Malter, Pres.** 4/8/05 **305-654-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #