2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002528

Entity Name: CEDARS AUXILIARY, INC.

FILED Sep 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1400 NW 12TH AVE MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** 1400 NW 12TH AVE MIAMI, FL 33136 FEI Number: 65-0415064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARONSON, DAVID A 1000 NE 176TH STREET NORTH MIAMI BEACH, FL 33162 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROGOWSKI, CRAIG TALBOY, DENISE Name: Name: 10545 SOUTH DIXIE HIGHWAY Address: 4700 SHERIDAN STREET, UNIT P Address: City-St-Zip: PINECREST, FL 33156 City-St-Zip: HOLLYWOOD, FL 33021 Title: VD () Delete Title: VD (X) Change () Addition TALBOY, DENISE Name: FINK, GARY Name: Address: 4700 SHERIDAN STREET, SUITE P Address: 8785 SW 58TH STREET City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: COOPER CITY, FL 33328 Title: () Delete Title: STD (X) Change () Addition KEARIN, TACEY Name: KEARIN, TACEY Name: 11570 SUNSET DRIVE 9920 SW 60TH STREET Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173 () Delete (X) Change () Addition Title: SD Title: Name: FINK, GARY Name: POWELL, CHARLOTTE 2170 NE 5TH CIRCLE 3400 SW 27TH AVENUE, UNIT 703 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: MIAMI, FL 33173 Title: () Delete Title: () Change (X) Addition GLOVER, LOTTE Name: Name: 42 SAMANA DRIVE Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33133 Title: () Delete Title: () Change (X) Addition LEITNER, GRACE Name: Name: Address: Address: 100 LINCON ROAD, PH9 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENISE TALBOY PRES 09/23/2009