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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Daytime Phone # 0079014

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

SIGNATURE:

N95000005622 (4)

JFK MEDICAL CENTER AUXILIARY, INC.

JFK MEDICAL GENTER AUXILIANT, INC.			A HODINIO DILI TANIO ANIN DOMI DATIO DATIO DATIO DI DILI DINIO DINIO DI DI	
Principal Place of Business Mailing Address				
C/O 5301 S. CONGRESS AVENUE ATLANTIS FL 33462 US	C/O 5301 S. CONGRESS ATLANTIS FL 33462 US	AVENUE .		
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1996
2. Principal Place of Business	2a. Mailing Address 26		···	4. FEI Number Applied For S5-0649377 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired Security Securi
City & State	City & State		······································	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Сош	try	8. This corporation has liability for intangible tax under s. 199.032,
9. Name and Address of Current	29 Registered Agent	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	·, · · · · · · · · · · · · · · · · · ·		Name	
SPRINKLE, PHILIP M II 777 SOUTH FLAGHLER DRIVE		Ţ	Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE 900 EAST TOWER		}	33	
W PALM BEACH FL 33401		1	City	FL 85 Zip Code
11. Pursuant to the previsions of Sections 617.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am/amiliar print, and a dept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Signature: Typed or garlied name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
12. OFFICERS AND		13.	ngent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1.1 TITS	E	Change Addition
NAME ZURGA, ALMA		1,2 NA	AE ,	
STREET ADDRESS 308 CEDAR KEY CIRCLE		1.3 STR	EET ADDRESS	
CITY-ST-ZIP ATLANTIS FL 33462			r-ST-ZIP	
TITLE SIGNAL AND VAL	DELETE	2.1 TIT	}	Change Addition
NAME MOORE, MARILYN STREET ADDRESS 10899 PALM LAKE AVE.		2.2 NA	i	
CITY-ST-ZIP BOYNTON BEACH FL 33437		i	EET ADDRESS Y-ST-ZIP	
TITLE DATE	☐ DELETE	3.1 111		☐ Change ☐ Addition
NAME NOVICK, HY		3.2 NAM		<u></u>
STREET ADDRESS 6983 FOUNTAINS CIRCLE		3.3 STR	EET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33467		3.4. CIT	Y-ST-ZIP	
THE PRAMONA	☐ DELETE	4.1 TITL	E	Change Addition
NAME DRIBBON, RAMONIPA		4.2 NA	1	
STREET ADDRESS 5203 K. EUROPE DRIVE		- 7	EET ADDRESS	
DITLE BOYNTON BEACH FL 33437	DELETE		-ST-ZIP	Change Addition
NAME GEIER, FAY	[DECEIE	5.1 TITL 5.2 NAA	,	Change Addition
STREET ADDRESS 4920 LUCERNE LAKES BLVD.			EET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33467			-ST-ZIP	
TITLE D	☐ DELETE	6.1 TITL		☐ Change ☐ Addition
NAME OCHS, GEORGÍA		6.2 NAA	ne l	•
STREET ADDRESS 280-B HIGH POINT BLVD.		6.3 STR	EET ADDRESS	
CITY-ST-2IP BOYNTON BEACH FL 33435			-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.				

AND AND THE PEQUIPED NAME OF SIGNING OFFICER OR DIRECTOR