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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005622 (4)

1. Corporation Name

JFK MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business	Mailing Address
C/O 5301 S. CONGRESS AVENUE ATLANTIS FL 33462 US	C/O 5301 S. CONGRESS AVENUE ATLANTIS FL 33462 US

3. Date Incorporated or Qualified 11/29/1995	
4. FEI Number 65-0649377	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SPRINKLE, PHILIP M II 777 SOUTH FLAGLER DRIVE SUITE 900 EAST TOWER W PALM BEACH FL 33401	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* 3/10/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DR <input type="checkbox"/> DELETE
NAME	ZURGA, ALMA
STREET ADDRESS	308 CEDAR KEY CIRCLE
CITY-ST-ZIP	ATLANTIS FL 33462
TITLE	D/T <input type="checkbox"/> DELETE
NAME	NOVICK, HY
STREET ADDRESS	6983 FOUNTAINS CIRCLE
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	DRIBBON, RAMONA
STREET ADDRESS	5203 K. EUROPE DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	GEIER, FAY
STREET ADDRESS	4920 LUCERNE LAKES BLVD.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OCHS, GEORGIA
STREET ADDRESS	280-B HIGH POINT BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	Director <input type="checkbox"/> DELETE
NAME	William Howell
STREET ADDRESS	573 S. Country Club Dr.
CITY-ST-ZIP	Atlantis, Fl. 33462

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pres./D
1.3 STREET ADDRESS	Vernon Poest
1.4 CITY-ST-ZIP	363 Villa Dr. So. Atlantis, Fl.
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robb De Graff, V.P./D
2.3 STREET ADDRESS	489 S. Country Club Dr.
2.4 CITY-ST-ZIP	Atlantis, Fl. 33462
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Doris Diamond
3.3 STREET ADDRESS	3450 So. Ocean Blvd.
3.4 CITY-ST-ZIP	Palm Beach, Fl. 33480
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eleanor Resnitsky
4.3 STREET ADDRESS	7714 Tahiti Lane
4.4 CITY-ST-ZIP	Lake Worth, Fl. 33467
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Grace Sommers
5.3 STREET ADDRESS	7704 3rd Terrace
5.4 CITY-ST-ZIP	Lake Worth. Fl. 33463
6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Joseph Negly
6.3 STREET ADDRESS	373 S. Country Club Dr.
6.4 CITY-ST-ZIP	Atlantis, Fl. 33462

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *[Signature]* 3/10/98 510-967-3327

CR2E037 (10/97)