

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005622

1. Entity Name

JFK MEDICAL CENTER AUXILIARY, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90004 029 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0649377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRINKLE, PHILIP M II  
777 SOUTH FLAGLER DRIVE  
SUITE 900 EAST TOWER  
W PALM BEACH FL 33401

Name

Grace Somers

Street Address (P.O. Box Number is Not Acceptable)

7704 3rd. Terrace

City

Lake Worth

FL

Zip Code

33463

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.

SIGNATURE

*Grace Somers*

Grace Somers, Sec'y.

2/18/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME POEST, VERNON  
STREET ADDRESS 363 VILLA DRIVE  
CITY-ST-ZIP SO. ATLANTIS FL 33462

TITLE D ☐ Change ☐ Addition  
NAME Tommye Jolly Tinkham, Esq.  
STREET ADDRESS 373 Colony Key Circle  
CITY-ST-ZIP Atlantis, FL 33462

TITLE D ☐ Delete  
NAME DIAMOND, DORIS  
STREET ADDRESS 3450 SO. OCEAN BLVD  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Change ☐ Addition  
NAME Eleanor Resnitzky  
STREET ADDRESS 7715 Tahiti Lane #101  
CITY-ST-ZIP Lake Worth, FL 33467

TITLE VPD ☐ Delete  
NAME OCHS, GEORGIA  
STREET ADDRESS 280-B HIGH POINT BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☐ Change ☐ Addition  
NAME Joseph Negley  
STREET ADDRESS 373 S. Country Club Drive  
CITY-ST-ZIP Atlantis, FL 33462

TITLE VPD ☐ Delete  
NAME DE GRAFF, ROB  
STREET ADDRESS 489 S. COUNTRY CLUB DRIVE  
CITY-ST-ZIP ATLANTIS FL 33462

TITLE D ☐ Change ☐ Addition  
NAME William Howell  
STREET ADDRESS 573 S. Country Club Drive  
CITY-ST-ZIP Atlantis, FL 33462

TITLE SD ☐ Delete  
NAME Somers, Grace  
STREET ADDRESS 7704 3rd Terrace  
CITY-ST-ZIP Lake Worth 33463

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME Thomas, Leonard  
STREET ADDRESS 505 Murfield Drive  
CITY-ST-ZIP Atlantis, FL 33462

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

*Thomas B. Leonard* (Thomas B. Leonard) 2/19/00 Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)