

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005622

1. Entity Name

JFK MEDICAL CENTER AUXILIARY, INC.

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90060 027 ****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

4. FEI Number

65-0649377

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOMERS, GRACE
7704 3RD TERR
LAKE WORTH FL 33463

Name Georgia Ochs

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

5301 South Congress Av

City Atlanta

FL

Zip Code
33462

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 Georgia Ochs GEORGIA OCHS

1/3/02

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 ☐ Change ☒ Addition
NAME Nancy Hogan
STREET ADDRESS 434 Glenbrook Dr
CITY-ST-ZIP Atlanta, FL 33462 Secretary

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

TITLE ☐ Change ☒ Addition
NAME Morgan Larson
STREET ADDRESS 111 Villa Circle
CITY-ST-ZIP Atlanta, FL 33462 Treasurer

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

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

TITLE SD ☒ Delete
NAME SOMERS, GRACE
STREET ADDRESS 505 MURFIELD DRIVE
CITY-ST-ZIP LAKE WORTH FL 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

TITLE Morgan Larson ☐ Delete ☒ Add
NAME 111 Villa Circle
STREET ADDRESS Atlanta, FL 33462 Treasurer

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: Georgia Ochs REC'D. E. R. G. A. Ochs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/02 561 642-3868

Date

Daytime Phone #

CR2E037 (9/01)