


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90002 034 \*\*\*\*61.25

**DOCUMENT # N95000005979**

1. Entity Name  
**VOLUNTEER AUXILIARY, INC. OF PLANTATION GENERAL HOSPITAL**



Principal Place of Business  
**401 N.W. 42ND AVENUE  
 PLANTATION, FL 33317**

Mailing Address  
**401 N.W. 42ND AVENUE  
 PLANTATION, FL 33317**

40100111



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

06032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0632480**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUSH, EILEEN M  
 401 N.W. 42ND AVENUE  
 PLANTATION, FL 33317**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE EILEEN M. RUSH  6/4/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CRISPINO, JEAN</b>	
STREET ADDRESS	<b>500 S.W. 169TH AVE.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33326</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>APOLLONY, HOPE</b>	
STREET ADDRESS	<b>8624 NW 12TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33322</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMONS, BARBARA</b>	
STREET ADDRESS	<b>401 NW 42ND AVE</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>IZQUIERDO, ELIZABETH</b>	
STREET ADDRESS	<b>401 NW 42ND AVE</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID HUGHES</b>	
STREET ADDRESS	<b>401 NW 42nd AVE.</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JEAN CRISPINO  6/4/08 954-513-6665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #