2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2014
Secretary of State
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Entity Name: BROWARD HEALTH MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLO RIDA, INC.

Current Principal Place of Business:

1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316

Current Mailing Address:

1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316

FEI Number: 59-0895145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEGOVIC, SUAD
1600 S ANDREWS AVE
FT LAUDERDALE, FL 33316 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECR
Name	BRADY, MYKEN
Address	505 E. DANIA BEACH BLVD. #4 E
City-State-Zip:	DANIA BEACH FL 33004

Title	PRESIDENT
Name	KATHY, PICKETT
Address	2441 SW 15TH COURTH
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	1ST VP
Name	BOLES, JUDY
Address	1636 SW 30TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	PARLIAMENTARIAN
Name	PATTERSON, ROZEN
Address	1636 SW 30TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	2VP
Name	DANKER, JAN
Address	3000 NE 16TH AVE., D209
City-State-Zip:	FORT LAUDERDALE FL 33334

Title	T
Name	VAUGHN, REGIS
Address	26 SE 11TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	3RD VP
Name	STAFFORD, SYLVIA
Address	1916 SE 21ST AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33316

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY PICKETT — PRESIDENT — 01/07/2014

Electronic Signature of Signing Officer/Director Detail — Date