2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 21, 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:

PATTERSON, ROZEN
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: PATTERSON ROZEN 04/21/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECR	Title	2VP
Name	GELLER, CAROL	Name	SEDEN, SHARON
Address	425 POINCIANA DRIVE	Address	2150 B SW 90TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	DAVIE FL 33334
Title	PRESIDENT	Title	T
Name	PATTERSON, ROZEN	Name	PALAZZO, LAURA
Address	1636 SW 30TH STREET	Address	4464 SW 38TH TERACE
City-State-Zip:	FORT LAUDERDALE FL 33315	City-State-Zip:	FORT LAUDERDALE FL 33312
Title	1ST VP	Title	3RD VP
Name	BOLES, JUDY	Name	STAFFORD, SYLVIA
Address	1636 SW 30TH STREET	Address	1916 SE 21ST AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33315	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: JUDY BOLES 1VP 04/21/2014

Electronic Signature of Signing Officer/Director Detail — Date