2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2015
Secretary of State
CC8152592403

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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 01/14/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECR
Name	GELLER, CAROL
Address	425 POINCIANA DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	2VP
Name	SEDEN, SHARON
Address	2150 B SW 90TH AVENUE
City-State-Zip:	DAVIE FL 33334

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

Title	T
Name	PALAZZO, LAURA
Address	5520 SW 6TH STREET
City-State-Zip:	PLANTATION FL 33317

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

Title	3RD VP
Name	PUDWELL , CRISTINA
Address	8621 NW 11TH STREET
City-State-Zip:	PLANTATION FL 33322

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: ROZEN PATTERSON PRESIDENT 01/14/2015

Electronic Signature of Signing Officer/Director Detail — Date