

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705164

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: Yes****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****04/09/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	2VP
Name	BOLES, JUDY
Address	1636 SW 30TH ST
City-State-Zip:	FORT LAUDERDALE FL 33315

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

Title	T
Name	ROSS, ALAN
Address	11225 SECRET WOODS DR.
City-State-Zip:	COOPER CITY FL 33026

Title	1ST VP
Name	AFRICK, PAMELA
Address	43 ROYAL PALM DR
City-State-Zip:	FROT LAUDERDALE FL 33301

Title	SECRETARY
Name	VAN BERKEL, RICHARD
Address	340 SUNSET DR 401
City-State-Zip:	FORT LAUDERDALE FL 33301

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****04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date