2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2017
Secretary of State
CC9248452056

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 03/15/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	2VP
Name	SEILER, JUDY
Address	2424 TORTUGAS LA
City-State-Zip:	FORT LAUDERDALE FL 33312

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

Title	3RD VP
Name	BROSTEN , HARVE
Address	3505 OAKS WAY #201
City-State-Zip:	POMPANO BEACH FL 33069

Title	PRESIDENT
Name	WEBER, NANCY
Address	2000 S. OCEAN DRIVE #801
City-State-Zip:	FORT LAUDERDALE FL 33316

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

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: NANCY WEBER PRESIDENT 03/15/2017

Electronic Signature of Signing Officer/Director Detail — Date