

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732358

**Entity Name:** MEMORIAL REGIONAL HOSPITAL SOUTH AUXILIARY, INC.

**Current Principal Place of Business:**

3600 WASHINGTON STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3600 WASHINGTON STREET  
HOLLYWOOD, FL 33021 US

**FEI Number: 59-1632083**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BARTLEY, CAROL A  
3600 WASHINGTON STREET  
HOLLYWOOD, FL 33021 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 P  
Name SILVER, MARCIA  
Address 3501 JOHNSON ST  
City-State-Zip: HOLLYWOOD FL 33021

Title PE  
Name LEVIN, MARCIA  
Address 3501 JOHNSON ST  
City-State-Zip: HOLLYWOOD FL 33021

Title 1VP  
Name GRAY, JAN  
Address 3501 JOHNSON ST  
City-State-Zip: HOLLYWOOD FL 33021

Title T  
Name BARTLEY, CAROL A  
Address 3600 WASHINGTON STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title SEC  
Name GREENE, NANCY  
Address 3501 JOHNSON ST  
City-State-Zip: HOLLYWOOD FL 33021

*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: MARCIA SILVER**

**PRESIDENT**

**02/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date