

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19830

**Entity Name:** CORAL SPRINGS MEDICAL CENTER AUXILIARY, INC.**Current Principal Place of Business:**3000 CORAL HILLS DRIVE  
CORAL SPRINGS, FL 33065**Current Mailing Address:**3000 CORAL HILLS DRIVE  
CORAL SPRINGS, FL 33065**FEI Number:** 59-2788473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, SHAUN M  
2521 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 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            PRESIDENT  
Name            BOJANOSKI, CLAIRE  
Address        2629 98TH TERRACE  
City-State-Zip: CORAL SPRINGS FL 33065

Title            VP  
Name            MICHALOPOLOUS, LUCRECIA  
Address        8300 NW 15TH COURT  
City-State-Zip: CORAL FL 33321

Title            TREASURER  
Name            NIZIOL, RISHA  
Address        5550 N.W. 61ST PLACE  
City-State-Zip: TAMARAC FL 33319

Title            VP  
Name            GROMAN, JANET D  
Address        9551 WELDON CIRCLE  
                  BLDG. E215  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            GREENBERG, ANITA  
Address        9551 WELDON CIRCLE  
                  #E414  
City-State-Zip: TAMARAC FL 33319

Title            SECRETARY  
Name            SHUTOWICK, JUDY  
Address        10552 N.W. 61ST COURT  
City-State-Zip: PARKLAND FL 33076

Title            ASST. TREASURER  
Name            GREENBERG, ANITA  
Address        9551 WELDON  
                  CIRCLE #E414  
City-State-Zip: TAMARAC FL 33319

*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:** RISHA NIZIOL**TREAS****03/12/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date