

2023 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 3000 CORAL HILLS DRIVE
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY
Name SHUTOWICK, JUDY
Address 3000 CORAL HILLS DRIVE
City-State-Zip: CORAL SPRING FL 33065

Title TREASURER
Name ROSENSKY, MARC
Address 3000 CORAL HILLS DRIVE
City-State-Zip: CORAL SPRINGS FL 33065

Title VP
Name GROMAN, JANET D
Address 3000 CORAL HILLS DRIVE
City-State-Zip: CORAL SPRINGS FL 33065

Title PARLIAMENTARIAN
Name GILBERT, SUE
Address 3000 CORAL HILLS DRIVE
City-State-Zip: CORAL SPRINGS FL 33065

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: MARC ROSENSKY**TREASURER****02/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date