2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2019
Secretary of State
7178196403CC

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 TREASURER 02/11/2019

Electronic Signature of Signing Officer/Director Detail — Date