2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2010
Secretary of State

DOCUMENT# 701445

Entity Name: TAMPA GENERAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

1 TAMPA GENERAL CIRCLE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1 TAMPA GENERAL CIRCLE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-0810712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COORDINATOR, AUXILLARY SERVICES
TAMPA GENERAL HOSPITAL AUXILLARY
1 TAMPA GENERAL CIRCLE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: HOLT, LINDA
Address: 4015 VASCONIA ST.
City-St-Zip: TAMPA, FL 33629

Title: 1V[
Name: MESTRO, JOSEPH
Address: 6203 CRICKET HOLLOW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: 2VP
Name: NELSON, MARCIA
Address: 4207 S. DALE MAVRY HWY #8110
City-St-Zip: TAMPA, FL 33611

Title: T
Name: MYERS, HEIDI M
Address: 3302 EL PRADO BLVD
City-St-Zip: TAMPA, FL 33629

Title: RS
Name: HURLEY, LINDA
Address: 2605 W. LYKES COURT
City-St-Zip: TAMPA, FL 33611

Title: CS
Name: HART, MARY JO
Address: 4005 W. SAN MIGUEL ST
City-St-Zip: TAMPA, FL 33629

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: HEIDI M MYERS T 04/14/2010

Electronic Signature of Signing Officer or Director — Date