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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90058 049 ****61.25

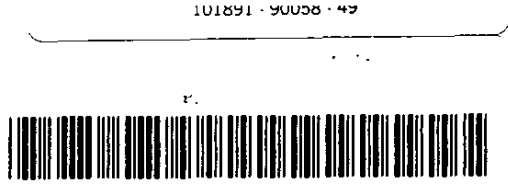
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734314

1. Corporation Name
WOMEN'S HOSPITAL AUXILIARY, INC.

Principal Place of Business 3030 W DR MLK JR BLVD TAMPA FL 33607 US	Mailing Address 3030 W DR MLK JR BLVD TAMPA FL 33607 US
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2. Principal Place of Business 21 3030 W DR MLK JR BLVD Suite, Apt. #, etc. 22 City & State 23 TAMPA, FLORIDA Zip Country 24 33607 25 HILLSBOROUGH	2a. Mailing Address 26 3001 W. DR. MLK JR BLVD Suite, Apt. #, etc. 27 City & State 28 TAMPA, FLORIDA Zip Country 29 33607 30 HILLSBOROUGH	3. Date Incorporated or Qualified 11/13/1975	4. FEI Number 51-0185556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ROSEN, SELINA C 7911 HEATHER CT TAMPA FL 33634	10. Name and Address of New Registered Agent 81 Name SANDRA L. CARSON 82 Street Address (P.O. Box Number is Not Acceptable) 4213 HARTWOOD LANE 83 84 City TAMPA FL 85 Zip Code 33624
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sandra L. Carson (NOTE: Registered Agent signature required when reinstating) DATE January 10, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, JEAN 9123 MCMILLAN LN TAMPA FL 33635 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D SANDRA L. CARSON 4213 HARTWOOD LAND TAMPA FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNCH, ELAINE 2611 BAYSHORE BLVD STE 705 TAMPA FL 33629 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	FVP/D CHRIS LINKOUS 7951 GUNN HIGHWAY TAMPA, FLORIDA 33625 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD LIVERZANI, ANN 1629 MISSION HILLS BLVD CLEARWATER FL 33759 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SVP JEAN SERDY 13908 VILLAGE LAKE PLACE TAMPA, FLORIDA 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BETTY 3030 W. MARTIN LUTHER KING BLVD. TAMPA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	CS/D JOAN SHANNON 14601 BRENTWOOD PLACE TAMPA, FLORIDA 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T/D VIRGINIA A. COBB 13931 CLUBHOUSE CIRCLE TAMPA, FLORIDA 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	B/D LOUISE NORRIS 8307 N. FREMONT AVE TAMPA, FLORIDA 33604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra L. Carson SIGNATURE REQUIRED 1/12/99 962-7795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)