

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734314

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC9540126901**

**Entity Name:** WOMEN'S HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

3030 W DR MLK JR BLVD  
TAMPA, FL 33607

**Current Mailing Address:**

3030 W DR MLK JR BLVD  
TAMPA, FL 33607 US

**FEI Number:** 51-0185556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PERMUY, LINDA  
3030 W DR MLK JR BLVD  
TAMPA, FL 33607 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:** LINDA PERMUY

01/05/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BALCHON, PATTI  
Address        3030 W DR MLK JR BLVD  
City-State-Zip: TAMPA FL 33607

Title            VP  
Name            PELLETZ, CARMEN  
Address        3030 W DR MLK JR BLVD  
City-State-Zip: TAMPA FL 33607

Title            RECORDING SECRETARY  
Name            DURKIN, NOREEN  
Address        3030 W DR MLK JR BLVD  
City-State-Zip: TAMPA FL 33607

Title            TREASURER  
Name            PERMUY, LINDA  
Address        3030 W DR MLK JR BLVD  
City-State-Zip: TAMPA FL 33607

*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:** LINDA PERMUY

**TREASURER**

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date