


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90016 025 ****61.25

DOCUMENT # 701445	
1. Entity Name TAMPA GENERAL HOSPITAL AUXILIARY, INC.	

Principal Place of Business DAVIS ISLAND P O BOX 1289 TAMPA FL 33601	Mailing Address DAVIS ISLAND P O BOX 1289 TAMPA FL 33601
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-0810712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COORDINATOR, AUXILLARY SERVICES TAMPA GENERAL HOSPITAL AUXILLARY P.O. BOX 1289- 2 COLUMBIA DR TAMPA FL 33601	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, CATHY 8816 MEMORIAL HWY TAMPA FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MOSGROVE, ELSIE 7536 17TH LANE N SAINT PETERSBURG FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPT THOMAS, JOAN 716 S OREGON TAMPA FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2VPT MARY JO HART 4005 W SAN MIGUEL ST TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, HEIDI 3302 EL PRADO BLVD TAMPA FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS THOMPSON, JUDY 1403 PINE TREE CIRCLE WIMAUMA FL 33598 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS JURGENSON, PAULA 3306 WALLCRAFT AVE TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heidi M Myers **HEIDI M MYERS** 4/25/07 (813) 844-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #