

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701445

FILED
Apr 20, 2012
Secretary of State

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:

P.O. BOX 1289
TAMPA, FL 33601

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: MESTRO, JOE
Address: 6203 CRICKET HOLLOW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: 1V
Name: BEAN, PATRICIA
Address: 2805 MORRISON AVE
City-St-Zip: TAMPA, FL 33629

Title: 2VP
Name: BUCKLEY, SANDRA
Address: 3704 W. GRANADA ST
City-St-Zip: TAMPA, FL 33629

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

Title: RS
Name: KOCHIS, MARCIA
Address: 500 BOSPLHOROUS AVE
City-St-Zip: TAMPA, FL 33606

Title: CS
Name: HUNTER, LINDA
Address: 16124 BRIDGECROSSING DR
City-St-Zip: LITHIA, FL 33547

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

04/20/2012

Electronic Signature of Signing Officer or Director

Date