2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

05-14-2008 90019 048 ****61.25

1. Entity Name	MENT #715328 PH'S HOSPITAL AUXILIAF	RY, INCORPORATED			02203			
Principal Place of Business 3001 WEST M L K BLVD TAMPA, FL 33607		Mailing Address ATTN: ISAAC MALLAH 3001 W. DR. MLD BLVD TAMPA, FL 33607 US.		_		11 E404 DARI BIBLI BIBLI	BI r ai Diraika	ii 1 1 1681
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address	·					
Suite, Apt.	*, etc.	Suite, Apt. #, etc.		04152008	Chg-NP	CR2E037 (12	2/06)	
City & State		City & State		4. FEI Number 59-213			-	lied For Applicable
Ζiρ	Country	Zip	Country	5. Certificate	of Status Desired		75 Additi Required	ional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
MALLAL N	RAAC		Name					
MALLAH, IS 3001 W. DE TAMPA, FL	R. MARTIN LUTHER KING JR	R. BLVD.	Street A	ddress (P.O. Box Numb	er is Not Acceptab	ie)		
			City			FL Z	ip Code	
	named entity submits this statement for ons of registered agent.	or the purpose of changing its	registered office or	registered agent, or bo	th, in the State of F	Torida. I am familio	ar with, a	nd accept
		·						
	Signature, typed of printed name of registered agent	and title if applicable (NGT	E: Registered Agent signati	ure required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	· · · · · · · · · · · · · · · · · · ·	npaign Financing	\$5.00 May Added to Fees		DATE Make check pay orlda Departmer		
10.	Filing Fee is \$61.25	9. Election Car Trust Fund (npaign Financing	\$5.00 May Added to Fees		Make check pay orida Departmer	nt of Sta	ste .
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 May Added to Fees	Fle	Make check pay orida Departmer CERS AND DIRECT	nt of Sta	ste .
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

(813) 870-4020

Daytime Phone •

ATTACHMENT

ST. JOSEPH'S HOSPITAL AUXILIARY, INCORPORATED 2008 UNIFORM BUSINESS REPORT ADDITIONAL OFFICERS/DIRECTORS

(Recording Secretary) Cammack, Linda 3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607 (Parliamentarian) Wooldridge, Mary 3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607