

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716141

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

3100 E. FLETCHER AVENUE  
TAMPA, FL 336134613

**New Principal Place of Business:**

**Current Mailing Address:**

3100 E. FLETCHER AVENUE  
TAMPA, FL 336134613

**New Mailing Address:**

**FEI Number:** 23-7011345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNTER, BRENDA  
1109 NORTH RIVERHILLS DR  
TEMPLE TERRACE, FL 33613 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: VP  
Name: TEDROW, JANET  
Address: 1707 MILL RUN CIRCLE  
City-St-Zip: TAMPA, FL 33613

Title: PE  
Name: ERICKSON, MURIEL  
Address: 13514 SHADY SHORES DR  
City-St-Zip: TAMPA, FL 33613

Title: PRES  
Name: LARSON, MARLENE  
Address: 21038 TANGOR ROAD  
City-St-Zip: LAND O'LAKES, FL 34637

Title: AT  
Name: NEWMAN, CONNIE  
Address: 23424 ABERCORN LANE  
City-St-Zip: LAND O LAKES, FL 34639

Title: T  
Name: HUNTER, BRENDA  
Address: 1109 NORTH RIVERHILLS DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

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: BRENDA HUNTER

TRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date