

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 734314

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: WOMEN'S HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

3030 W DR MLK JR BLVD  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3001 W DR MLK BLVD  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 51-0185556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CARSON, SANDRA L  
4213 HARTWOOD LANE  
TAMPA, FL 33618 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: SANDRA L. CARSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PED ( ) Delete  
Name: HIRES, JEANNELLE  
Address: 6004 RIVER TERRACE  
City-St-Zip: TAMPA, FL 33604

Title: PD ( ) Delete  
Name: SEEGER, ANNE MARIE  
Address: 12130 BISHOPSFORD DR  
City-St-Zip: TAMPA, FL 33626

Title: RSD ( ) Delete  
Name: YGLESIAS, MARY  
Address: 23768 OAKSIDE BLVD  
City-St-Zip: LUTZ, FL 33559

Title: TD ( ) Delete  
Name: COBB, VIRGINIA A  
Address: 13931 CLUBHOUSE CIR  
City-St-Zip: TAMPA, FL 33624

Title: BKKP ( ) Delete  
Name: NORRIS, LOUISE  
Address: 11511 CASEY RD  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA A. COBB

TD

04/08/2008

Electronic Signature of Signing Officer or Director

Date