

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90234 012 \*\*\*\*61.25

DOCUMENT # N95000002410



1. Entity Name  
UNIVERSITY HEALTH NETWORK FOUNDATION (U.S.)  
INC.

Principal Place of Business  
700 UNIVERSITY AVENUE  
8TH FLOOR  
TORONTO, ONTARIO, CANADA, m5-g125 CA

Mailing Address  
700 UNIVERSITY AVENUE  
8TH FLOOR  
TORONTO, ONTARIO, CANADA, m5-g125 CA

14010989



2. Principal Place of Business  
190 ELIZABETH ST.  
Suite, Apt. #, etc.  
R.F. ELLIOTT BUILDING, 5S-801

3. Mailing Address  
190 ELIZABETH ST.  
Suite, Apt. #, etc.  
R.F. ELLIOTT BUILDING, 5S-801

04262004 Chg-NP CR2E037 (10/03)

City & State  
TORONTO, ONTARIO

City & State  
TORONTO, ONTARIO

Zip  
M5G 2C4

Country  
CANADA

Zip  
M5G 2C4

Country  
CANADA

4. FEI Number  
98-0158792

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALHAMBRA REGISTERED AGENTS INC.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134

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

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, MICHAEL	
STREET ADDRESS	200 MAGOON PASTURE LANE	
CITY-ST-ZIP	STOWE, VT 05672	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HANSON, TENNYS	
STREET ADDRESS	NSSB, 190 ELIZABETH STREET	
CITY-ST-ZIP	TORONTO, ON M5G-24	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODSON, WILLIAM A	
STREET ADDRESS	483 UPPER HOLLOW ROAD	
CITY-ST-ZIP	STOWE, VT 05672	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID W	
STREET ADDRESS	1 FIRST CANADIAN PLACE, BOX 63	
CITY-ST-ZIP	TORONTO, ON, m5x 1b1	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, JANE W	
STREET ADDRESS	24 DOCKSIDE LANE #41	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONNACHER, MARY J	
STREET ADDRESS	514 ST. CLAIR AVENUE EAST	
CITY-ST-ZIP	TORONTO, ON M4T-17	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. KEITH PATTERSON	
STREET ADDRESS	14 WOOLSTHORPE CRESCENT	
CITY-ST-ZIP	THORNHILL, ON L3T 4E2	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, TENNYS	
STREET ADDRESS	R.F. ELLIOTT BUILDING, 1S-419	
CITY-ST-ZIP	190 ELIZABETH STREET, TORONTO, ON M5G 2C4	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID W	
STREET ADDRESS	1 FIRST CANADIAN PLACE, BOX 63, 44TH FLOOR	
CITY-ST-ZIP	TORONTO, ON, M5X 1B1	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JANE W	
STREET ADDRESS	34 SOUTH HARBOR DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNACHER, MARY J	
STREET ADDRESS	SUITE 1700, 38 AVENUE ROAD	
CITY-ST-ZIP	TORONTO, ON, M5R 2G2	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Tennys Hanson* (TENNYS HANSON)

416-340-4373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #