

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90038 045 ****61.25

DOCUMENT # N95000002410					
1. Entity Name UNIVERSITY HEALTH NETWORK FOUNDATION (U.S.) INC.					
Principal Place of Business 190 ELIZABETH ST RF ELLIOT BLDG 5S-801 TORONTO ONTARIO CANADA M5G2C4, XX			Mailing Address 190 ELIZABETH ST RF ELLIOT BLDG 5S-801 TORONTO ONTARIO CANADA M5G2C4, XX		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, MICHAEL 200 MAGOON PASTURE LANE STOWE, VT 05672	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	DC H. KEITH PATTERSON 14 WOOLSTHORPE CRESCENT THORNHILL, ON, L3T 4E2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, TENNYS RF ELLIOTT BLDG, 15-419 TORONTO, CANADA, m5g 2c4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODSON, WILLIAM A 483 UPPER HOLLOW ROAD STOWE, VT 05672	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, DAVID W 1 FIRST CANADIAN PLACE, BOX 63 TORONTO, ON, m5x 1b1	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, JANE W 34 SOUTH HARBOR DR. KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, JANE W 24 DOCKSIDE LANE #41 KEY LARGO, FL, 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNACHER, MARY J 38 AVE RD., STE. 1700 TORONTO, CANADA, m5r 2g2	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>per Charles F. Smith, Secretary</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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07112005 Chg-NP CR2E037 (10/03)

4. FEI Number 98-0158792 Applied For Not Applicable

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