

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90009 033 ****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, CANADA, M5G- -C4 CA		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 98-0158792	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="text-align: right; font-weight: bold;">FL</div> 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)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ALEXANDER, MICHAEL STREET ADDRESS 200 MAGOON PASTURE LANE CITY-ST-ZIP STOWE, VT 05672	<input type="checkbox"/> Delete		TITLE CD NAME PATTERSON, H. KEITH STREET ADDRESS 14 WOOLSTHORPE CRESENT CITY-ST-ZIP THORNHILL, CANADA, L3T 4E2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME HANSON, TENNYS STREET ADDRESS RF ELLIOTT BLDG. 15-419 CITY-ST-ZIP TORONTO, CANADA, m5g 2c4	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GOODSON, WILLIAM A STREET ADDRESS 483 UPPER HOLLOW ROAD CITY-ST-ZIP STOWE, VT 05672	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SMITH, DAVID W STREET ADDRESS 1 FIRST CANADIAN PLACE, BOX 63 CITY-ST-ZIP TORONTO, ON, m5x 1b1	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SIMS, JANE W STREET ADDRESS 24 DOCKSIDE LANE, # 41 CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME CONNACHER, MARY J STREET ADDRESS 38 AVE RD., STE. 1700 CITY-ST-ZIP TORONTO, CANADA, m5r 2g2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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					
Date _____ Daytime Phone # _____					

ATTACHMENT

40024392

University Health Network Foundation (US) Inc. Board of Directors 2004/2005

#N95800002410

Position

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