

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90013 029 \*\*\*\*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-04 CA**

**40034722**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**98-0158792**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALHAMBRA REGISTERED AGENTS INC.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134**

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **ALEXANDER, MICHAEL**  
STREET ADDRESS **200 MAGOON PASTURE LANE**  
CITY-ST-ZIP **STOWE, VT 05672**

TITLE **CD** ☐ Change ☒ Addition  
NAME **PATTERSON, H. KEITH**  
STREET ADDRESS **14 WOOLSTHORPE CRESCENT**  
CITY-ST-ZIP **THORNHILL, ON CANADA L3T 4E2**

TITLE **PD** ☐ Delete  
NAME **HANSON, TENNYN**  
STREET ADDRESS **RF ELLIOTT BLDG, 15-419**  
CITY-ST-ZIP **TORONTO, CANADA, m5g 2c4**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GOODSON, WILLIAM A**  
STREET ADDRESS **483 UPPER HOLLOW ROAD**  
CITY-ST-ZIP **STOWE, VT 05672**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **SMITH, DAVID W**  
STREET ADDRESS **1 FIRST CANADIAN PLACE, BOX 63**  
CITY-ST-ZIP **TORONTO, ON, m5x 1b1**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SIMS, JANE W**  
STREET ADDRESS **24 DOCKSIDE LANE, # 41**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **CONNACHER, MARY J**  
STREET ADDRESS **38 AVE RD., STE. 1700**  
CITY-ST-ZIP **TORONTO, CANADA, m5r 2g2**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Tennys J.M. Hanson*

**Tennys J.M. Hanson, President**

**03-08-2007**

**416-340-4373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

**University Health Network Foundation (US) Inc.  
Board of Directors  
2006/2007**

40034722  
#N95000002410

## Position

Mr. H. Keith Patterson  
14 Woolsthorpe Crescent  
Thornhill, Ontario L3T 4E2

### **Chair**

(905) 886-0234  
[patterson.k@rogers.com](mailto:patterson.k@rogers.com)

Phone/Fax  
Email

Mr. Michael Alexander  
200 Magoon Pasture Lane  
Stowe, VT  
05672

### **Director**

(802) 253-8441  
(802) 253-9806  
  
(802) 253-9800

Home  
Fax  
  
Office

Mrs. Mary J. Connacher  
The Prince Arthur  
1700 – 38 Avenue Road  
Toronto, Ontario M5R 2G2

### **Secretary**

(416) 920-0307  
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Mr. William A. Goodson  
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05672

### **Director**

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(802) 253-8924  
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Mrs. Tennys J.M. Hanson  
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### **President**

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33037

### **Director**

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Phone  
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Mr. David W. Smith  
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Barristers & Solicitors  
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Toronto, Ontario M5X 1B1

### **Treasurer**

(416) 863-5542  
(416) 863-0900  
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[dsmith@dwpv.com](mailto:dsmith@dwpv.com)

Direct Line  
Ext. 2242 (Alison Waters)  
Fax  
Email