


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90001 005 ****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 TORONTO, CANADA, M5G-C XX			Mailing Address 190 ELIZABETH ST. RF. ELLIOT BLDG., 5S-801 TORONTO, CANADA, M5G- -C4 CA		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 98-0158792	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEY REGISTERED AGENTS, INC. 520 BRICKELL KEY DRIVE SUITE 0-303 MIAMI, FL 33131			Name Key Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Bay Dr. Suite 3112 City Miami FL Zip Code 33131		
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 <u>JOEL J. KARP, PRESIDENT</u> <u>Joel J Karp</u> <u>8/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, MICHAEL 200 MAGOON PASTURE LANE STOWE, VT 05672	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO PATTERSON, H. KEITH 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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, JANE W 24 DOCKSIDE LANE, # 41 KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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: <u>Tennys Hanson</u> <u>Tennys Hanson, President & CEO</u> <u>June 27/08</u> <u>416 340-3935</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

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40114596

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