

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR).

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90328 025 \*\*\*\*\*61.25

**DOCUMENT # N95000002410**

1. Entity Name

**UNIVERSITY HEALTH NETWORK FOUNDATION (U.S.) INC.**



Principal Place of Business

**2 ALHAMBRA PLAZA  
STE. 1202  
CORAL GABLES FL 33134  
CA**

Mailing Address

**2 ALHAMBRA PLAZA  
STE. 1202  
CORAL GABLES FL 33134  
CA**

2. Principal Place of Business

**700 UNIVERSITY AVENUE**

3. Mailing Address

**700 UNIVERSITY AVENUE**

Suite, Apt. #, etc.

**8th Floor**

Suite, Apt. #, etc.

**8th Floor**

City & State

**TORONTO, ONTARIO**

City & State

**TORONTO, ONTARIO**

Zip

**M5G 1Z5**

Country

**CANADA**

Zip

**M5G 1Z5**

Country

**CANADA**



☐ CHECK HERE IF MAKING CHANGES

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

**FILE NOW: FEE IS \$61.25**

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, KEITH H.**  
STREET ADDRESS **181 WOOLSTHORPE CR.**  
CITY-ST-ZIP **THORNHILL, ONTARIO, L3T 4E2**

TITLE **PD** ☐ Delete  
NAME **HANSON, TENNY**  
STREET ADDRESS **NSSB, 190 ELIZABETH STREET**  
CITY-ST-ZIP **TORONTO ON M5G-2-4**

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 **514 ST. CLAIR AVENUE EAST**  
CITY-ST-ZIP **TORONTO ON M4T-1-7**

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 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:

*Tennyson Hanson*

*Apr 26/03 416-340-4373*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)