2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2010
Secretary of State

DOCUMENT# N99000000365

Entity Name: SHANDS AUXILIARY, INC.

Current Principal Place of Business:

720 SW 2ND AVE
SUITE 360A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

720 SW 2ND AVE
SUITE 360A
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3551267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOVAL, CHARLES B
720 SW 2ND AVENUE
SUITE 360 A
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SEYMOUR, MARGARET
Address: 1600 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32610

Title: D
Name: GOLDFARB, TIMOTHY
Address: 1600 SW ARCHER RD/BOX 100326
City-St-Zip: GAINESVILLE, FL 32610

Title: D
Name: KEETON, CONSTANCE
Address: 1600 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

Title: D
Name: SABINO, TERESA
Address: 368 NE FRANKLIN STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: KOVAL, CHARLES B
Address: 720 SW 2ND AVE, STE 360A
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: MCMULLEN, ELIZABETH
Address: 1248 IRVIN AVENUE SW
City-St-Zip: LIVE OAK, FL 32064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES B. KOVAL D 02/08/2010

Electronic Signature of Signing Officer or Director — Date

N99000000365
2-8-10

Shands HealthCare

Legal Services
720 SW 2nd Avenue, Suite 360A Gainesville, FL 32601
352.733.0030 352.733.0052 fax

February 9, 2010

Florida Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

Re: Shands Auxiliary Inc.
Document No.: N99000000365

Dear Sir/Madam:

Please accept this correspondence as Shands Auxiliary, Inc.'s request to add, by imaging, additional officers and directors in addition to the six (6) officers/directors listed on the corporation's 2010 efiled annual corporate report. The additional names/addresses/titles are as follows:

Directors:

Linda Johns
Box 1223
Starke, FL 32091

Officers:

Wendy Person (S)
1600 SW Archer Rd.
Gainesville, FL 32610

Rosemary Manis (VP)
1600 SW Archer Rd.
Gainesville, FL 32610

Miriam Miller (T)
1600 SW Archer Rd.
Gainesville, FL 32610

Thank you for your assistance in this matter.

Sincerely,

Faye O. Hall

Faye O. Hall, Paralegal

/foh