

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000365

FILED  
Feb 08, 2010  
Secretary of State

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

N99000000 365

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:

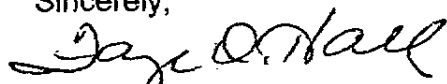
Wendy Person (S)  
1600 SW Archer Rd.  
Gainesville, FL 32610

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, Paralegal

/foh