

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705006

FILED
Apr 09, 2009
Secretary of State

Entity Name: FLORIDA HOSPITAL ASSOCIATION RESEARCH AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

315 PARK LAKE CIRCLE
ORLANDO, FL 328531107 US

New Principal Place of Business:

Current Mailing Address:

307 PARK LAKE CIRCLE
ORLANDO, FL 328531107 US

New Mailing Address:

FEI Number: 59-6151162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NESMITH, WAYNE PRES.
306 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

RUEBEN, BRUCE J PRES.
306 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

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: BRUCE J. RUEBEN

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GOLDFARB, TIMOTHY M
Address: 1600 S.W. ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610 US

Title: VD () Delete
Name: O'BRYANT, MARK
Address: 1300 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: PS () Delete
Name: NESMITH, WAYNE
Address: 306 EAST COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD () Delete
Name: MASON, STEPHEN R
Address: 16331 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: D () Delete
Name: STUBBLEFIELD, ALFRED G
Address: 1717 NORTH E STREET, #320
City-St-Zip: PENSACOLA, FL 32501 US

Title: D () Delete
Name: HOUMANN, LARS
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: O'BRYANT, MARK
Address: 1300 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD (X) Change () Addition
Name: STEPHEN, MASON R
Address: 16331 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: PS (X) Change () Addition
Name: RUEBEN, BRUCE J
Address: 306 EAST COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD (X) Change () Addition
Name: HOUMANN, LARS
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHNSON, STEVEN M
Address: 615 NORTH BONITA AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE J. RUEBEN

PS

04/09/2009

Electronic Signature of Signing Officer or Director

Date