2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705006

FILED Apr 15, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

315 PARK LAKE CIRCLE ORLANDO, FL 328531107 US

Current Mailing Address: New Mailing Address:

307 PARK LAKE CIRCLE ORLANDO, FL 328531107 US

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

 Name:
 MASON, STEPHEN R

 Address:
 16331 BAY VISTA DRIVE

 City-St-Zip:
 CLEARWATER, FL 33760 US

Title: VD

Name: LARS, HOUMANN
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803 US

Title: PS

Name: RUEBEN, BRUCE J

Address: 306 EAST COLLEGE AVENUE City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD

Name: HUGH, GREENE

Address: 800 PRUDENTIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title:

 Name:
 O'BRYANT, G. MARK

 Address:
 1300 MICCOSUKEE ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308 US

Title:

 Name:
 STEVE, PURVES

 Address:
 1500 SW 15TH STREET

 City-St-Zip:
 OCALA, FL 34471 US

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: BRUCE J. RUEBEN PS 04/15/2010