2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705006

Apr 03, 2012 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

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:

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

Title: VD

Name: SONENREICH, STEVEN Address: 4300 ALTON ROAD City-St-Zip: MIAMI BEACH, FL 33140 US

Title: PS

RUEBEN, BRUCE J Name:

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

Title: TD

Name: STUBBLEFIELD, ALFRED

Address: 1717 NORTH E STREET, STE 320 City-St-Zip: PENSACOLA, FL 32501 US

Title:

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

Title:

JOHNSON, STEVEN Name: Address: 615 NORTH BONITA AVENUE PANAMA CITY, FL 32401 US City-St-Zip:

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 04/03/2012