

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706910

FILED
Jul 08, 2008
Secretary of State

Entity Name: FLORIDA HOSPITAL ASSOCIATION, INC.

Current Principal Place of Business:

306 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

306 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-0690327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

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: BC () Delete
Name: NATHAN, JAMES R
Address: P.O. BOX 2218
City-St-Zip: FT. MYERS, FL 33902 US

Title: VC () Delete
Name: GOLDFARB, TIMOTHY M
Address: P.O. BOX 100326
City-St-Zip: GAINESVILLE, FL 32610 US

Title: TD () Delete
Name: O'BRYANT, G. MARK R
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: PC () Delete
Name: BRODY, SUE G
Address: 701 - 6TH STREET, SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D (X) Delete
Name: SHERROD, RHONDA M
Address: 1100 SW 11TH STREET
City-St-Zip: LIVE OAK, FL 32060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BC (X) Change () Addition
Name: GOLDFARB, TIMOTHY M
Address: P.O. BOX 100326
City-St-Zip: GAINESVILLE, FL 32610 US

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

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

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

Title: PC (X) Change () Addition
Name: NATHAN, JAMES R
Address: P.O. BOX 2218
City-St-Zip: FT. MYERS, FL 33902 US

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

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: FRANCES J OWENS

D

07/08/2008

Electronic Signature of Signing Officer or Director

Date