

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706910

FILED  
Feb 10, 2009  
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 ( )

## 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 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 RUEBEN

02/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date