

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706910

FILED
Apr 03, 2012
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 (X)

Name and Address of Current Registered Agent:

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

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

Title: TD
Name: STUBBLEFIELD, ALFRED
Address: 1717 NORTH E STREET, STE 320
City-St-Zip: PENSACOLA, FL 32501 US

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

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

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

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

Electronic Signature of Signing Officer or Director

Date