

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08831

FILED
Apr 10, 2008
Secretary of State

Entity Name: FLORIDA HOSPITAL ASSOCIATION MANAGEMENT CORPORATION

Current Principal Place of Business:

307 PARK LAKE CIRCLE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

307 PARK LAKE CIRCLE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2233660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NESMITH, WAYNE CHRMN
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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

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

Title: ST () Delete
Name: MINES, JOHN E
Address: 307 PARK LAKE CIRCLE
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: NATHAN, JAMES R
Address: 9800 S. HEALTHPARK DRIVE, #200
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: GARRISON, LARRY F
Address: 6450 SOUTH US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BRODY, SUE G
Address: 701 - 6TH STREET, SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: HILLENMEYER, JOHN W
Address: 1414 KUHLE AVENUE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: GOLDFARB, TIMOTHY M
Address: 1600 S.W. ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE NESMITH

CD

04/10/2008

Electronic Signature of Signing Officer or Director

Date