

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08831

FILED
Apr 09, 2009
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:

PO BOX 536905
ORLANDO, FL 32853

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:

RUEBEN, BRUCE J CHRMN
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 J. RUEBEN

04/09/2009

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: GOLDFARB, TIMOTHY M
Address: 1600 S.W. ARCHER ROAD
City-St-Zip: GAINESVILLE, FL 32610

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN E. MINES

ST

04/09/2009

Electronic Signature of Signing Officer or Director

Date