

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08831

FILED
Apr 21, 2011
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:

PO BOX 536905
ORLANDO, FL 32853

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:

RUEBEN, BRUCE J 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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: GOLDFARB, TIMOTHY M
Address: 1515 SW ARCHER ROAD, SUITE 23C1
City-St-Zip: GAINESVILLE, FL 32608

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

Title: D
Name: HILLENMEYER, JOHN W
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

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

SIGNATURE: JOHN E. MINES

ST

04/21/2011

Electronic Signature of Signing Officer or Director

Date