

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012659

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** FLORIDA HOSPITAL WESLEY CHAPEL, INC.

**Current Principal Place of Business:**

2528 BRUCE B. DOWNS BLVD.  
COUNTY RD. 581 S.  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

7050 GALL BLVD.  
ZEPHYRHILLS, FL 33541

**New Mailing Address:**

**FEI Number:** 20-3965753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIMBLE, T.L.  
111 N. ORLANDO AVENUE  
WINTER PARK, FL 32789 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: PD ( ) Delete  
Name: PITTMAN, SCOTT  
Address: 7050 GALL BLVD.  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: AS ( ) Delete  
Name: DE PRADA, ARIEL  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: CD ( ) Delete  
Name: SCHULTZ, MICHAEL  
Address: P. O. BOX 1569 - NAPLES ROAD  
City-St-Zip: FLETCHER, NC 28732

Title: AS ( ) Delete  
Name: ADDISCOTT, LYNN  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: AS ( ) Delete  
Name: SHAW, TERRY  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: AS ( ) Delete  
Name: BLOCK, MARK  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: AS (X) Change ( ) Addition  
Name: SAUNDERS, MICHAEL  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

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

SIGNATURE: ARIEL DE PRADA

AS

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date