

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44225

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** FLORIDA HOSPITAL COLLEGE OF HEALTH SCIENCES, INC.

**Current Principal Place of Business:**

671 WINYAH DRIVE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

671 WINYAH DRIVE  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 59-3069793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENLAW, DAVID E.  
671 WINYAH DRIVE  
ORLANDO, FL 32803 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: DP ( ) Delete  
Name: GREENLAW, DAVID E  
Address: 601 E. ROLLINS AVE  
City-St-Zip: ORLANDO, FL 32803 US

Title: TD ( ) Delete  
Name: SOLAR, EDDIE  
Address: 601 E. ROLLINS STREET  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: HOUMANN, LARS  
Address: 601 E. ROLLINS STREET  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: VPD (X) Change ( ) Addition  
Name: HOUMANN, LARS  
Address: 601 E. ROLLINS STREET  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Change (X) Addition  
Name: HENDERSCHIEDT, ROBERT  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Change (X) Addition  
Name: JONES, DON  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Change (X) Addition  
Name: RETZER, GORDON  
Address: P. O. BOX 849  
City-St-Zip: DECATUR, GA 30031

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: LARS HOUMANN

VP

01/04/2008

Electronic Signature of Signing Officer or Director

Date