FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 31 1996 8:00 am
Secretary of State

DOCUMENT # N49760 (4)

1. Corporation Name
FLORIDA HOSPITAL/WATERMAN, INC.

Principal Place of Business	Mailing Address
2400 BEDFORD ROAD ORLANDO FL 32803	2400 BEDFORD ROAD ORLANDO FL 32803

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business
21 111 N. Orlando Ave.
Suite, Apt. #, etc. 22
City & State 23 Winter Park, FL
Zip 24 32789 Country 25 Orange

2a. Mailing Address
26 111 N. Orlando Ave.
Suite, Apt. #, etc. 27
City & State 28 Winter Park, FL
Zip 29 32789 Country 30 Orange

4. FEI Number: 59-3140669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L.
2400 BEDFORD ROAD
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: TRIMBLE, TAMARA L.
82 Street Address (P.O. Box Number is Not Acceptable): 111 N. Orlando Avenue
83
84 City: Winter Park FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: TAMARA L. TRIMBLE (Tamara L. Trimble) DATE: 1/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	THOMPSON, ROYCE C.		1.2 NAME	Thompson, Royce C	
STREET ADDRESS	201 NORTH EUSTIS ST.		1.3 STREET ADDRESS	201 North Eustis Street	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP	Eustis, FL	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WERNER, THOMAS L.		2.2 NAME		
STREET ADDRESS	601 EAST ROLLINS ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE	DST	☑ Change ☐ Addition
NAME	WIESE, CALVIN W.		3.2 NAME	WIESE, CALVIN W.	
STREET ADDRESS	2400 BEDFORD ROAD		3.3 STREET ADDRESS	111 North Orlando Avenue	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Winter Park, FL 32789-3675	
TITLE	S	☐ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME	BLOCK, MARK L		4.2 NAME	BLOCK, L. MARK	
STREET ADDRESS	2400 BEDFORD ROAD		4.3 STREET ADDRESS	111 North Orlando Avenue	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Winter Park, FL 32789-3675	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L Mark Block 1/26/96 407/975-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
L. Mark Block, Assistant Secretary