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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49760**

1. Corporation Name
FLORIDA HOSPITAL WATERMAN, INC.

Principal Place of Business	Mailing Address
111 N. ORLANDO AVE. WINTER PARK FL 32789 US	111 N. ORLANDO AVE. WINTER PARK FL 32789 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/01/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3140669 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L.
111 N. ORLANDO AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATTTISON, KEN		1.2 NAME		
STREET ADDRESS	201 NORTH EUSTIS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP		
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	S	XX DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETTIJOHN, KELLY		3.2 NAME		
STREET ADDRESS	201 NORTH EUSTIS ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	AS	XX Change ☐ Addition
NAME	BLOCK, MARK L		4. 2 NAME		
STREET ADDRESS	111 NORTH ORLANDO AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SALMONS, JOAN		5.2 NAME		
STREET ADDRESS	601 EAST ROLLINS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	201 NORTH EUSTIS ST		6.2 NAME		
STREET ADDRESS	EUSTIS FL		6.3 STREET ADDRESS		
CITY-ST-ZIP	ZIP		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: L. Mark Block SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. Mark Block, Assistant Secretary

1/25/99
Date

(407) 647-4400
Daytime Phone #