2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90246 013 ****61.25

025009

DOCUMENT # N49760

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIMBLE, TAMARA L. 111 N. ORLANDO AVE. WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTTISON, KEN 201 NORTH EUSTIS ST. EUSTIS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 32726
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERNER, THOMAS L. 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BLOCK, MARK L 111 NORTH ORLANDO AVENUE WINTER PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 32789
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, OBED 41339 EMERALDA ISLAND ROAD LEESBURG FL 34788	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINER, RICHARD K 2400 BEDFORD ROAD ORLANDO FL 32803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L Mark Block L. Mark Block, Asst. Secretary 01/15/01 (407) 975-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #