2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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

01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATTTISON, KEN
STREET ADDRESS	201 NORTH EUSTIS ST.
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D
NAME	WERNER, THOMAS L.
STREET ADDRESS	111 NORTH ORLANDO AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	AS
NAME	BLOCK, L M
STREET ADDRESS	111 NORTH ORLANDO AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	REINER, RICHARD
STREET ADDRESS	2400 BEDFORD RD.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	AS
NAME	DE PRADA, ARIEL
STREET ADDRESS	111 NORTH ORLANDO AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/05-80090-023 61.25

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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: Ariel De Prada, Asst. Secretary 1/20/2005 (407) 975-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #