2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N49760

Entity Name: FLORIDA HOSPITAL WATERMAN, INC.

Current Principal Place of Business:

1000 WATERMAN WAY
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

1000 WATERMAN WAY
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3140669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMBLE, TAMARA L.
111 N. ORLANDO AVE.
WINTER PARK, FL 32789 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:	PD	( ) Delete
Name:	MATTTISON, KEN	
Address:	201 NORTH EUSTIS ST.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	CD	( ) Delete
Name:	SCHULTZ, MICHAEL	
Address:	111 PERRY PLACE	
City-St-Zip:	HENDERSON, NC 28739	
Title:	AS	( ) Delete
Name:	BLOCK, MARK L	
Address:	111 NORTH ORLANDO AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	BERCKES, STACY J	
Address:	111 WATERMAN AVENUE	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	AS	( ) Delete
Name:	DE PRADA, ARIEL	
Address:	111 NORTH ORLANDO AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	BROWN, JERRY	
Address:	34125 PARKVIEW AVENUE	
City-St-Zip:	EUSTIS, FL 32726	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	MATTTISON, KEN	
Address:	1000 WATERMAN WAY	
City-St-Zip:	TAVARES, FL 32778	
Title:	CD	(X) Change ( ) Addition
Name:	SCHULTZ, MICHAEL	
Address:	2400 BEDFORD ROAD	
City-St-Zip:	ORLANDO, FL 32803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ARIEL DE PRADA AS 01/30/2009

Electronic Signature of Signing Officer or Director — Date