FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
ANZ

95 MAY -1

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****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000005174 (8)

1. Corporation Name

FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.

Principal Place of Business: ~~601 E ROLLINS STREET~~ 2809 N ORANGE AVE, ORLANDO FL ~~32803~~ 32804

Mailing Address: ~~601 E ROLLINS STREET~~ 2809 N. ORANGE AVE, ORLANDO FL ~~32803~~ 32804

3. Date Incorporated or Qualified: 11/10/1993
3a. Date of Last Report: 08/18/1994
4. FEI Number: 59-3215601 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2809 N ORANGE AVE	26 2809 N. ORANGE AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32804 — Country 25	Zip 29 32804 — Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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, T L
ADVENTIST HEALTH SYSTEM/SUNBELT, INC.
200 BEDFORD ROAD
ORLANDO FL 32803

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SANDRA	1.2 NAME	
STREET ADDRESS	601 E ROLLINS	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MALONEY, VANCE	2.2 NAME	
STREET ADDRESS	650 N. WYMORE ROAD, #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RUIZ, CARLOS	3.2 NAME	
STREET ADDRESS	685 PALM SPRINGS DRIVE, 2-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	~~STERN, LOUIS~~	4.2 NAME	Treharne, John
STREET ADDRESS	~~650 WYMORE ROAD, 201~~	4.3 STREET ADDRESS	1340 Tuscawilla Rd, #101
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	4.4 CITY-ST-ZIP	Winter Springs FL 32708
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TAMAYO, RAUL	5.2 NAME	
STREET ADDRESS	431 MAITLAND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	~~TAUSSIG, ANDREW~~	6.2 NAME	Cummings, Des
STREET ADDRESS	~~500 COLONIAL DRIVE~~	6.3 STREET ADDRESS	601 E Rollins St
CITY-ST-ZIP	~~ORLANDO FL 32803~~	6.4 CITY-ST-ZIP	Orlando FL 32803

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: [signature] SANDRA JOHNSON 1/31/95 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #