

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N93000005174 (8)**

1. Corporation Name

FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.

Principal Place of Business

N.
2608 N. ORANGE AVE
ORLANDO FL 32804
US

Mailing Address

2608 N. Orange Ave
ORLANDO FL 32804
US3. Date Incorporated or Qualified
11/10/19933a. Date of Last Report
07/02/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3215680

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional**
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be**
Added to Fees8. 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 / 111 N. Orlando Ave
ORLANDO FL 32809 - 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETENAME **SHAW, TERRY**
STREET ADDRESS **601 E ROLLINS**
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☐ DELETENAME **MALONEY, VANCE**
STREET ADDRESS **650 N. WYMORE ROAD, #202**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE **D** ☒ DELETENAME **WESTERGAN, ROBERT W**
STREET ADDRESS **1285 ORANGE AVENUE**
CITY-ST-ZIP **WINTER PARK FL**TITLE **D** ☐ DELETENAME **TREHARNE, JOHN**
STREET ADDRESS **1340 TUSCAWILLA RD. #101**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE **D** ☐ DELETENAME **GALLAGHER, JOSEPH**
STREET ADDRESS **10245 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☐ DELETENAME **REINER, RICH**
STREET ADDRESS **601 E. ROLLINS ST.**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0077664**

CR2E037 (9/96)