

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90035 041 ****61.25

DOCUMENT # N93000005174

1. Entity Name

FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.

Principal Place of Business

Mailing Address

2608 N ORANGE AVE
ORLANDO FL 32804
US

2608 N ORANGE AVE
ORLANDO FL 32804
US

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

59-3215680

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, T L
111 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	T PARADIS, BRIAN 601 E ROLLINS ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONEY, VANCE 650 N. WYMORE ROAD, #202 WINTER PARK FL 32789	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE PRADA, ARIEL 111 N ORLANDO AVE WINTER PARK FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTOGHESE, JOSEPH 1181 ORANGE AVE WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLOCK, MARK 111 N ORLANDO AVE WINTER PARK FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREHARNE, JOHN 1340 TUSCAWILLA RD. #101 WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JOSEPH 10245 E COLONIAL DR ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINER, RICH 601 E. ROLLINS ST. ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Ariel De Prada
Asst. Secretary

02/27/2001

(407) 975-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)