2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90007 045 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
602 Courtland Street	602 Courtland Street
Suite, Apt. #, etc.: Suite 162	Suite, Apt. #, etc.: Suite 162
City & State: Orlando FL	City & State: Orlando FL
Zip: 32804 Country: US	Zip: 32804 Country: US

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	AS DE PRADA, ARIEL 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	D BERRINGER, LYNN 8701 MAITLAND SUMMIT BLVD ORLANDO FL 32810	☐ 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	D DEFREESE, CRAIG 661 EAST ALTAMONTE DR #224 ALTAMONTE SPRINGS FL 32701	☐ 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	DC 12265 LAKE UNDERHILL RD #115 ORLANDO FL 32825	☒ 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	DP 2400 BEDFORD ROAD 4TH FL ORLANDO FL 32803	☒ Change ☐ Addition

CR2E037 (9/01)

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 Sec 3/13/2002 407 975 1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #