

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005174

FILED
Mar 15, 2004
Secretary of State**Entity Name:** FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.**Current Principal Place of Business:**602 COURTLAND STREET
SUITE 162
ORLANDO, FL 32804 US**New Principal Place of Business:****Current Mailing Address:**602 COURTLAND STREET
SUITE 162
ORLANDO, FL 32804 US**New Mailing Address:****FEI Number:** 59-3215680**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRIMBLE, T L
111 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:** T () Delete
Name: SEIFERT, LEWIS
Address: 601 E ROLLINS
City-St-Zip: ORLANDO, FL 32803**Title:** D () Delete
Name: WOLFE, DARIN MD
Address: 211 S V=CENTRAL AVENUE
City-St-Zip: APOPKA, FL 32703**Title:** D () Delete
Name: DEFREESE, CRAIG
Address: 661 E ALTAMONTE DR #224
City-St-Zip: ALTAMONTE SPRINGS, FL 32701**Title:** DC () Delete
Name: GALLAGHER, JOSEPH
Address: 12265 LAKE UNDERHILL RD #115
City-St-Zip: ORLANDO, FL 32825**Title:** DP () Delete
Name: REINER, RICH
Address: 2400 BEDFORD ROAD 4TH FLOOR
City-St-Zip: ORLANDO, FL 32803**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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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 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 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: RICH REINER

DP

03/15/2004

Electronic Signature of Signing Officer or Director

Date