

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005174

FILED
Mar 21, 2007
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 NORTH 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

Title: DVC () Delete
Name: WESTERGAN, ROBERT
Address: 609 STONEFIELD
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOLFE, DARIN MD
Address: 211 S CENTRAL AVENUE
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: SCHULTZ, MICHAEL
Address: 2400 BEDFORD ROAD 4TH FLOOR
City-St-Zip: ORLANDO, FL 32803

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 Chapter 119, 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: MICHAEL SCHULTZ

PD

03/21/2007

Electronic Signature of Signing Officer or Director

Date