2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N93000005174

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 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:	SCHULTZ, MICHAEL	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 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 01/14/2009
Electronic Signature of Signing Officer or Director — Date