

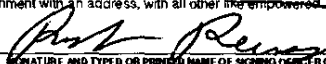
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03 JUN -5 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005174			
1. Entity Name FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.			
Principal Place of Business 602 COURTLAND STREET SUITE 162 ORLANDO, FL 32804 US		Mailing Address 602 COURTLAND STREET SUITE 162 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			
TRIMBLE, T L 111 ORLANDO AVE WINTER PARK, FL 32789			
7. Name and Address of New Registered Agent			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title of associate. (NOTE: Registered Agent's signature required when registering)			
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	TITLE	T
NAME	PARADIS, BRIAN	NAME	SEIFERT, LEWIS
STREET ADDRESS	601 E ROLLINS	STREET ADDRESS	601 E ROLLINS
CITY- ST- ZIP	ORLANDO, FL 32803	CITY- ST- ZIP	ORLANDO, FL 32803
TITLE	AS	TITLE	D
NAME	DE PRADA, ARIEL	NAME	WOLFE, DARIN, MD
STREET ADDRESS	111 NORTH ORLANDO AVENUE	STREET ADDRESS	211 S. CENTRAL AVENUE
CITY- ST- ZIP	WINTER PARK, FL 32789	CITY- ST- ZIP	APOPKA, FL 32703
TITLE	D	TITLE	
NAME	BERRINGER, LYNN	NAME	
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32810	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	DEFRESE, CRAIG	NAME	
STREET ADDRESS	661 E ALTAMONTE DR #224	STREET ADDRESS	
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32701	CITY- ST- ZIP	
TITLE	DC	TITLE	
NAME	GALLAGHER, JOSEPH	NAME	
STREET ADDRESS	12265 LAKE UNDERHILL RD #115	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32825	CITY- ST- ZIP	
TITLE	DP	TITLE	
NAME	REINER, RICH	NAME	
STREET ADDRESS	2400 BEDFORD ROAD 4TH FLOOR	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32803	CITY- ST- ZIP	
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: 		Rich Reiner 6/3/03 407-975-1413	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E037 (10/02)

7/6/5