FILED

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.

200020779052
06/11/03--01053--005 **61.25

Principal Place of Business	Mailing Address
602 COURTLAND STREET SUITE 162 ORLANDO, FL 32804 US	602 COURTLAND STREET SUITE 162 ORLANDO, FL 32804 US

☐ CHECK HERE IF MAKING CHANGES

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	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARADIS, BRIAN 601 E ROLLINS ORLANDO, FL 32803	☒ Delete	T SEIFERT, LEWIS 601 E ROLLINS ORLANDO, FL 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DE PRADA, ARIEL 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789	☒ Delete	D WOLFE, DARIN, MD 211 S. CENTRAL AVENUE APOPKA, FL 32703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRINGER, LYNN 8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEFREESE, CRAIG 661 E ALTAMONTE DR #224 ALTAMONTE SPRINGS, FL 32701	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GALLAGHER, JOSEPH 12265 LAKE UNDERHILL RD #115 ORLANDO, FL 32825	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP REINER, RICH 2400 BEDFORD ROAD 4TH FLOOR ORLANDO, FL 32803	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 — Daytime Phone #

gr 6/5