

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005825

FILED
Feb 07, 2012
Secretary of State

Entity Name: FLORIDA HOSPITAL MEDICAL GROUP, INC.

Current Principal Place of Business:

900 WINDERLEY PLACE
SUITE 1400
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

900 WINDERLEY PLACE
SUITE 1400
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3214635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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: AS
Name: ADDISCOTT, LYNN
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PVCD
Name: STILTZ, BRYAN
Address: 900 WINDERLEY PLACE, SUITE 1400
City-St-Zip: MAITLAND, FL 32751

Title: AS
Name: DE PRADA, ARIEL
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS
Name: SAUNDERS, MICHAEL
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS
Name: SINGLETON, DAVID
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: LAY, KEVIN
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: ARIEL DE PRADA

AS

02/07/2012

Electronic Signature of Signing Officer or Director

Date