

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90108 017 ****61.25

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|---|--|--|---|--|--|
| DOCUMENT # N94000001726 | | | | | |
| 1. Entity Name FLORIDA HOSPITAL - WATERMAN HEALTHCARE SYSTEM, INC. | | | | | |
| Principal Place of Business %FLORIDA HOSPITAL - WATERMAN 1000 WATERMAN WAY TAVARES, FL 32778 | | | Mailing Address 1000 WATERMAN WAY MANAGED CARE DEPT TAVARES, FL 32778 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3235305 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 NORTH ORLANDO AVE WINTER PARK, FL 32789 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE PD | NAME NIKOLAIDIS, E. T. MD | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1000 WATERMAN WAY | CITY-ST-ZIP TAVARES, FL 32778 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE VD | NAME MATTISON, KEN | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1000 WATERMAN WAY | CITY-ST-ZIP TAVARES, FL 32778 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE D | NAME NICKELL-OLM, SHARON MD | | <input checked="" type="checkbox"/> Delete | | |
| STREET ADDRESS 4601 HWY. 19A | CITY-ST-ZIP MOUNT DORA, FL 32757 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE STD | NAME BENFIELD, RON | | <input checked="" type="checkbox"/> Delete | | |
| STREET ADDRESS 1000 WATERMAN WAY | CITY-ST-ZIP TAVARES, FL 32778 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE D | NAME IKELER, GEORGE MD | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 720 N BAY STREET, STE 1 | CITY-ST-ZIP EUSTIS, FL 32726 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE D | NAME FISH, CARRIE | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1000 WATERMAN WAY | CITY-ST-ZIP TAVARES, FL 32778 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: | | | Date: 7/2/07 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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