

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001726

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA HOSPITAL - WATERMAN HEALTHCARE SYSTEM, INC.

Current Principal Place of Business:

%FLORIDA HOSPITAL - WATERMAN
1000 WATERMAN WAY
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1000 WATERMAN WAY
MANAGED CARE DEPT
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3235305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: PD () Delete
Name: NIKOLAIDIS, E. T. MD
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: VD () Delete
Name: MATTISON, KEN
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WHITE-FINDLEY, SHARON
Address: 39 E. ATWATER AVE.
City-St-Zip: EUSTIS, FL 32726

Title: STD () Delete
Name: CRUNK, FRAN
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: IKELER, GEORGE MD
Address: 720 N BAY STREET, STE 1
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: FISH, CARRIE
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

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
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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: E. T. NIKOLAIDIS

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date