2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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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:

FLORIDA HOSPITAL - WATERMAN
1000 WATERMAN WAY
TAVARES, FL 32778

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 ( )**

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

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

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

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

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

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

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: FRAN CRUNK STD 01/06/2010

Electronic Signature of Signing Officer or Director — Date