

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001726

FILED  
Jan 09, 2012  
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:**

FLORIDA HOSPITAL - WATERMAN HS, INC.  
1000 WATERMAN WAY  
TAVARES, FL 32778

**Current Mailing Address:**

FLORIDA HOSPITAL - WATERMAN  
1000 WATERMAN WAY  
TAVARES, FL 32778

**New Mailing Address:**

FLORIDA HOSPITAL - WATERMAN HS, INC.  
1000 WATERMAN WAY  
TAVARES, FL 32778

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

Title: D  
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: VD  
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

D

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date