

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001006

Entity Name: FLORIDA HOSPITAL HEALTHCARE PARTNERS, INC.**Current Principal Place of Business:**900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714**FEI Number:** 46-2354804**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIMBLE, TAMARA L
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	COOK, TIMOTHY
Address	701 W. PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	MATTISON, KENNETH
Address	60 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	PALM COAST FL 32164

Title	DIRECTOR
Name	NOSEWORTHY, ED
Address	1055 SAXON BLVD.
City-State-Zip:	ORANGE CITY FL 32763

Title	DIRECTOR
Name	PIRTLE, RANDY
Address	301 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	SECRETARY, TREASURER, DIRECTOR
Name	THOMAS, DEBORAH
Address	301 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	CHAIRMAN, DIRECTOR
Name	TOL, DARYL
Address	301 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	DAYTONA BEACH FL 32117

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: DEBORAH THOMAS**SECRETARY****01/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date