

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 BROWN, LORENZO
Address 701 W. PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name MATTISON, KENNETH
Address 401 PALMETTO STREET
City-State-Zip: NEW AMYRNA FL 32168

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

Title DIRECTOR
Name PIRTLE, RANDY
Address 907 STERTHAUS DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY, TREASURER,
DIRECTOR
Name THOMAS, DEBORAH
Address 1061 MEDICAL CENTER DRIVE
SUITE 202
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name COHEN, HEZI MD
Address 305 MEMORIAL MEDICAL PARKWAY
SUITE 207
City-State-Zip: DAYTONA BEACH FL 32117

Title CHAIRMAN, DIRECTOR
Name FULBRIGHT, ROBERT
Address 1061 MEDICAL CENTER DRIVE
SUITE 202
City-State-Zip: ORANGE CITY FL 32763

Title ASSISTANT SECRETARY
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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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: ARIEL DE PRADA

ASSISTANT SECRETARY 07/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name BLOCK, MARK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title ASSISTANT SECRETARY
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name JIMENEZ, RON MD
Address 60 MEMORIAL MEDICAL PARKWAY
City-State-Zip: PALM COAST FL 32164