

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009607

Entity Name: FLORIDA HOSPITAL DADE CITY, INC.**Current Principal Place of Business:**13100 FORT KING ROAD
DADE CITY, FL 33525**Current Mailing Address:**13100 FORT KING ROAD
DADE CITY, FL 33525 US**FEI Number:** 82-2567308**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 DP
Name BERGHERM, BRUCE
Address 13100 FORT KING ROAD
City-State-Zip: DADE CITY FL 33525

Title DT
Name DIDENKO, DIMA
Address 13100 FORT KING ROAD
City-State-Zip: DADE CITY FL 33525

Title DS
Name TRIMBLE, TAMARA
Address 13100 FORT KING ROAD
City-State-Zip: DADE CITY FL 33525

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

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

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

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

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

Continues on page 2

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

AS

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name JOHNSON, PENNY
Address 900 HOPE WY
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 ASSISTANT SECRETARY
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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