

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40101

Entity Name: HOMESTEAD HOSPITAL, INC.

Current Principal Place of Business:

975 BAPTIST WAY
HOMESTEAD, FL 33033

Current Mailing Address:

975 BAPTIST WAY
HOMESTEAD, FL 33033

FEI Number: 65-0232993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 500
CORAL GALBES, FL 33143 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 CEO
Name DUQUETTE, WILLIAM M
Address 975 BAPTIST WAY
City-State-Zip: HOMESTEAD FL 33033

Title C
Name CHAMBERS, WILLIAM LIII
Address 975 BAPTIST WAY
City-State-Zip: HOMESTEAD FL 33033

Title D
Name SAPP, STEVEN S
Address 975 BAPTIST WAY
City-State-Zip: HOMESTEAD FL 33033

Title ST
Name CARPENTER, WILLIE
Address 975 BAPTIST WAY
City-State-Zip: HOMESTEAD FL 33033

Title D
Name OYARZUN, RAMON
Address 975 BAPTIST WAY
City-State-Zip: HOMESTEAD FL 33033

Title D
Name HANCK, BARBARA C
Address 975 BAPTIST WAY
City-State-Zip: HOMESTEAD FL 33033

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: WILLIAM A. DUQUETTE

CEO

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date