

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 GABLES, 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            VC  
Name            SAPP, STEVEN S  
Address        975 BAPTIST WAY  
City-State-Zip: HOMESTEAD FL 33033

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

Title            SECRETARY  
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 M. DUQUETTE

CEO

07/18/2018

Electronic Signature of Signing Officer/Director Detail

Date