2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2025
Secretary of State
5772428630CC

DOCUMENT# N49760

Entity Name: FLORIDA HOSPITAL WATERMAN, INC.

Current Principal Place of Business:

1000 WATERMAN WAY
TAVARES, FL 32778

Current Mailing Address:

1000 WATERMAN WAY
TAVARES, FL 32778 US

FEI Number: 59-3140669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
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	AS
Name	ADDISCOTT, LYNN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	WEISS, DAVID
Address	1000 WATERMAN WAY
City-State-Zip:	TAVARES FL 32778

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

Title	ASSISTANT SECRETARY
Name	FOLTZ, ROBERT C
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 34134

Title	DIRECTOR
Name	HOWARD, BARBARA
Address	1000 WATERMAN WAY
City-State-Zip:	TAVARES FL 32778

Title	DIRECTOR
Name	WERNER, THOMAS
Address	1670 CR 452
City-State-Zip:	EUSTIS FL 32726

Title	CHAIRPERSON, DIRECTOR
Name	GREGORY, AUDREY
Address	550 E. ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	ASSISTANT SECRETARY
Name	GRAFF, JEFF
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: LYNN ADDISCOTT ASSISTANT SECRETARY 01/06/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title DIRECTOR, VICE CHAIR
Name CADDELL, SUSAN DDS
Address P. O. BOX 677
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name DEVOS, CYNTHIA
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

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

Title DIRECTOR
Name GOEB-BURKETT, MICHELLE
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name BARTLETT, DAVID P
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name JEAN-PIERRE, MARLYNE
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name CURET, SHARLENE
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name STEWART, CHRISTINE
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name KORCHUK, ANDRII
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title ASST. SECRETARY
Name GOODMAN, TODD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT, DIRECTOR
Name BIRI, ABEL
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

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

Title DIRECTOR
Name FOUNTAIN, MICHAEL
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name MAZENKO, TODD
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name NOSEWORTHY, EDWARD
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name SMOLTER, D.O., PATRICIA
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name SIMONS, PAM
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title ASST. SECRETARY
Name THOMAS, DEBORA
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714