# 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N49760

Entity Name: FLORIDA HOSPITAL WATERMAN, INC.

FILED
May 23, 2023
Secretary of State
7003197094CC

#### **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 Title AS

Name VINCENT, HANEY Name ADDISCOTT, LYNN Address 900 HOPE WAY Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

TitleDIRECTORTitleDIRECTORNameHOWARD, BARBARANameWEISS, DAVID

Address 1000 WATERMAN WAY Address 1000 WATERMAN WAY

City-State-Zip: TAVARES FL 32778 City-State-Zip: TAVAREZ FL 32778

TitleDIRECTORTitleASST. SECRETARYNameWERNER, THOMASNameSAUNDERS, MICHAEL

Address 1670 CR 452 Address 900 HOPE WAY

City-State-Zip: EUSTIS FL 32726 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CHAIRPERSON, DIRECTOR Title ASSISTANT SECRETARY

Name GREGORY, AUDREY Name FOLTZ, ROBERT C
Address 1000 WATERMAN WAY Address 900 HOPE WAY

City-State-Zip: TAVARES FL 32778 City-State-Zip: ALTAMONTE SPRINGS FL 34134

#### 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: TONI BERRIOS

ASSISTANT SECRETARY

05/23/2023

#### Officer/Director Detail Continued:

Title ASSISTANT SECRETARY Title ASSISTANT SECRETARY

NameGRAFF, JEFFNameRATHBUN, PAULAddress900 HOPE WAYAddress900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY Title DIRECTOR

Name GOODMAN, TODD Name CADDELL, SUSAN DDS

Address 601 E. ROLLINS Address P. O. BOX 677

City-State-Zip: ORLANDO FL 32803 City-State-Zip: TAVARES FL 32778

Title PRESIDENT, DIRECTOR Title DIRECTOR

Name BIRI, ABEL Name DEVOS, CYNTHIA

Address 1000 WATERMAN WAY Address 1000 WATERMAN WAY

City-State-Zip: TAVARES FL 32778 City-State-Zip: TAVARES FL 32778

Title DIRECTOR Title ASSISTANT SECRETARY

NameAZEVEDO, OLESEANameBRADY, AMANDAAddress900 HOPE WAYAddress900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY Title ASSISTANT SECRETARY

NameDAVIS, BRENTNameHUFFMAN, DAVIDAddress900 HOPE WAYAddress900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR Title DIRECTOR

Name FOUNTAIN, MICHAEL

Address 1000 WATERMAN WAY

City-State-Zip: TAVARES FL 32778

City-State-Zip: TAVARES FL 32778

Title DIRECTOR Title DIRECTOR

Name MAZENKO, TODD

Address 1000 WATERMAN WAY

Name BARTLETT, P DAVID

Address 1000 WATERMAN WAY

City-State-Zip: TAVARES FL 32778

City-State-Zip: TAVARES FL 32778

Title DIRECTOR

Name NOSEWORTHY, EDWARD

Address 1000 WATERMAN WAY

Address 1000 WATERMAN WAY

Name

JEAN-PIERRE, MARLYNE

City-State-Zip: TAVARES FL 32778

Title DIRECTOR

Name SIMONS, PAM SIMONS, PAM Address 1000 WATERMAN WAY Address 1000 WATERMAN WAY

City-State-Zip: TAVARES FL 32778

Title DIRECTOR ASSISTANT SECRETARY

Name CURET, SHARLENE Address 900 HOPE WAY

Address 1000 WATERMAN WAY City-State-Zip: ALTAMONTE SPRINGS FL 32714

City-State-Zip: TAVARES FL 32778