2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2018
Secretary of State
CC9398845874

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

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

Title	DIRECTOR
Name	GAYLORD, FRANK
Address	P.O. BOX 2047
City-State-Zip:	EUSTIS FL 32727

Title	DIRECTOR
Name	PUTIGNA, FLORIANO DR.
Address	500 WINDERLEY PLACE SUITE 115
City-State-Zip:	MAITLAND FL 32751

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

Title	DIRECTOR
Name	COMFORT, LYNDA
Address	2560 COUNTY ROAD, 44 W
City-State-Zip:	EUSTIS FL 32726

Title	DIRECTOR
Name	HOWARD, BARBARA
Address	9501 US HWY 441
City-State-Zip:	LEESBURG FL 34788

Title	DIRECTOR
Name	WEISS, DAVID
Address	252 W. ARDICE AVENUE SUITE 402
City-State-Zip:	EUSTIS FL 32726

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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: ARIEL DE PRADA ASSISTANT SECRETARY 02/08/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name MARZEK, PETER MD
Address 1879 NIGHTINGALE LANE
SUITE A-2
City-State-Zip: TAVARES FL 32778

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

Title DIRECTOR
Name CARPENTER, KEN
Address 19332 MEADOW LANE
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR
Name HEPNER, THOMAS
Address 508 LAKESHORE DRIVE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name BRYCE, MIGUEL MD
Address 1879 NIGHTINGALE LANE
SUITE C-1
City-State-Zip: TAVARES FL 32778

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

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

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

Title CHAIRMAN, ASST. SECRETARY
Name OTTATI, DAVID
Address 100 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title ASSISTANT SECRETARY
Name FOLTZ, ROBERT C
Address 26300 SIENA DRIVE
City-State-Zip: BONITA SPRINGS FL 34134

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

Title ASST. SECRETARY
Name GOODMAN, TODD
Address 601 E. ROLLINES
City-State-Zip: ORLANDO FL 32803

Title ASST. SECRETARY
Name TOL, DARYL
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

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

Title TREASURER
Name CRUNK, FRANCES
Address 1000 WATERMAN WAY
City-State-Zip: TARVARES FL 32778

Title SECRETARY
Name THOMAS, DEBORA
Address 1119 SAXON BLVD.
City-State-Zip: ORANGE CITY FL 32763