

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
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 HOWARD, BARBARA
Address 9501 US HWY 441
City-State-Zip: LEESBURG FL 34788

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

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

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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 C. ADDISCOTT**ASSISTANT SECRETARY 04/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name PILLOW, STEVEN DR.
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title ASST. SECRETARY
Name WARREN, TERRI
Address 1000 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 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: TAVARES FL 32778

Title DIRECTOR
Name DEVOS, CYNTHIA
Address 701 BIESTERFIELD ROAD
City-State-Zip: ELK GROVE VILLAGE IL 60007

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