2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2013
Secretary of State
CC1141716929

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	PD
Name	MATTTISON, KEN
Address	1000 WATERMAN WAY
City-State-Zip:	TAVARES FL 32778

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

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	CD
Name	SCHULTZ, MICHAEL
Address	2400 BEDFORD ROAD
City-State-Zip:	ORLANDO FL 32803

Title	VPD
Name	FISH, CARRIE
Address	1000 WATERMAN WAY
City-State-Zip:	TAVARES FL 32778

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

Title	DIRECTOR
Name	FERNANDEZ, DAVID DR.
Address	1879 NIGHTINGALE LANE SUITE B1
City-State-Zip:	TAVARES FL 32778

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: ARIEL DE PRADA ASSIST. SECRETARY 01/09/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name HEPNER, THOMAS
Address 508 LAKESHORE DRIVE
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 PUTIGNA, FLORIANO DR.
Address 500 WINDERLEY PLACE
SUITE 115
City-State-Zip: MAITLAND FL 32751

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

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

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

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

Title DIRECTOR
Name HOFMEISTER, TOM
Address 4130 UNITED AVENUE
City-State-Zip: MOUNT DORA FL 32757

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

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

Title ASST. SECRETARY
Name CRUNK, FRANCES
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

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