**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 26, 2024**
**Secretary of State**
**7636965175CC**

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 | VINCENT, HANEY |
| Address | 900 HOPE WAY |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32714 |

| | |
|---|---|
| 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 | 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 |

**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 04/26/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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

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 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 WARREN, TERRI
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name STEWART, CHRISTINE

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

Title ASSISTANT SECRETARY
Name DAVIS, BRENT
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 ASSISTANT SECRETARY
Name BERRIOS, TONI
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

City-State-Zip: ALTAMONTE SPRINGS FL 32714