2023 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

FILED Apr 04, 2023

Secretary of State

1428856732CC

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

Title DIRECTOR Title DIRECTOR

Name HOWARD, BARBARA Name WEISS, DAVID

Address 9501 US HWY 441 Address 252 W. ARDICE AVENUE

SUITE 402

City-State-Zip: LEESBURG FL 34788 City-State-Zip: EUSTIS FL 32726

Title DIRECTOR

Name WERNER, THOMAS Title ASST. SECRETARY

Name SAUNDERS. 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

NameGREGORY, AUDREYNameFOLTZ, ROBERT CAddress100 WATERMAN WAYAddress26300 SIENA DRIVE

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

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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: TONI BERRIOS ASSISTANT SECRETARY 04/04/2023

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 601 E. ROLLINS

City-State-Zip: ORLANDO FL 32803

Title PRESIDENT, DIRECTOR

Name BIRI, ABEL

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

Title DIRECTOR

City-State-Zip:

Name PILLOW, STEVEN DR.
Address 1000 WATERMAN WAY

Title ASSISTANT SECRETARY

Name BRADY, AMANDA Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

TAVARES FL 32778

Title ASSISTANT SECRETARY

Name HUFFMAN, DAVID 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 SIMONS, PAM

Address 1000 WATERMAN WAY

City-State-Zip: TAVARES FL 32778

Title DIRECTOR

Name CURET, SHARLENE

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 701 BIESTERFIELD ROAD

City-State-Zip: ELK GROVE VILLAGE IL 60007

Title DIRECTOR

Name AZEVEDO, OLESEA
Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY

Name DAVIS, BRENT Address 900 HOPE WAY

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR

Name AZEVEDA, OLESEA
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR

Name GOEB-BURKETT, MICHELLE
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title DIRECTOR

Name DAVID, P BARTLETT

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 SMOLTER, D.O., PATRICIA
Address 1000 WATERMAN WAY
City-State-Zip: TAVARES FL 32778

Title ASSISTANT SECRETARY

Name BERRIOS, TONI Address 900 HOPE WAY Address 1000 WATERMAN WAY City-State-Zip: ALTAMONTE SPRINGS FL 32714

City-State-Zip: TAVARES FL 32778