

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005174

Entity Name: FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.**Current Principal Place of Business:**101 SOUTHHALL LANE,
SUITE 150
MAITLAND, FL 32751**Current Mailing Address:**101 SOUTHHALL LANE,
SUITE 150
MAITLAND, FL 32751 US**FEI Number:** 59-3215680**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	DIRECTOR, CHAIRMAN
Name	BANKS, DAVID
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	GRODACK, DUNCAN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	STILTZ, BRYAN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	HAFFNER, RANDALL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	OTTATI, DAVID
Address	1119 SAXON BLVD.
City-State-Zip:	ORANGE CITY FL 32763

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

Title	DIRECTOR
Name	BACON, KENNETH
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	GOODMAN, TODD
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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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: HANEY VINCENT**ASSISTANT SECRETARY** 02/22/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOORHEAD, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name GILBERT-DROGE, ILENE
Address 120 CYPRESS EDGE DRIVE
City-State-Zip: PALM COAST FL 32164

Title SECRETARY
Name DILLER, TOM
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT
Name JACKSON , JENNIFER
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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