

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005174

Entity Name: FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.**Current Principal Place of Business:**900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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 STILTZ, BRYAN
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

Title ASSISTANT SECRETARY
Name VINCENT, HANEY
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 HAFFNER, RANDALL
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 SECRETARY
Name DILLER, TOM
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: TONI BERRIOS**ASSISTANT SECRETARY 04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title TREASURER
Name MOON, ROBERT
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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