**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 25, 2022**
**Secretary of State**
**0894834605CC**

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 | STILTZ, BRYAN |
| 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 | SCHULTZ, MICHAEL |
| Address | 14055 RIVEREDGE DRIVE<br>SUITE 250 |
| City-State-Zip: | TAMPA FL 33637 |

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

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

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|---|---|
| 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 |

**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: HANEY VINCENT ASSISTANT SECRETARY 04/25/2022

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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

| | |
|---|---|
| Title | DIRECTOR, VP, TREASURER |
| Name | SKOBEL, JEFF |
| 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 |

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|---|---|
| Title | DIRECTOR |
| Name | MOORHEAD, DAVID |
| 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 |