2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2018
Secretary of State
CC2853263458

DOCUMENT# N93000005174

Entity Name: FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.

Current Principal Place of Business:

602 COURTLAND STREET,
SUITE 310
ORLANDO, FL 32804

Current Mailing Address:

602 COURTLAND STREET,
SUITE 310
ORLANDO, FL 32804 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
Name	BANKS, DAVID
Address	601 E. ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	GRODACK, DUNCAN
Address	600 COURTLAND STREET
City-State-Zip:	ORLANDO FL 32804

Title	DIRECTOR
Name	SOLER, EDDIE
Address	550 E. ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	VP, SECRETARY, DIRECTOR
Name	ANAND, NISHANT MD
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PRESIDENT, DIRECTOR
Name	BASSLER, JAYNE RN
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR, CHAIRMAN
Name	HOUMANN, LARS
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	CLEM, KATHLEEN MD
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: JAYNE BASSLER PRESIDENT 02/05/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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	TOL, DARYL
Address	301 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	DAYTONA BEACH FL 32117

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

Title	VP, TREASURER, DIRECTOR
Name	POTHIN, MAIRI
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	SCHULTZ, MICHAEL
Address	14055 RIVEREDGE DRIVE SUITE 250
City-State-Zip:	TAMPA FL 33637