2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2021
Secretary of State
5650641691CC

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

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

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

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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: JENNIFER JACKSON PRESIDENT 04/06/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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	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