

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099846

Entity Name: LAKE WALES HOSPITAL CORPORATION**Current Principal Place of Business:**4000 MERIDIAN BLVD.
FRANKLIN, TN 37067**Current Mailing Address:**4000 MERIDIAN BLVD.
FRANKLIN, TN 37067**FEI Number:** 02-0643409**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, PRESIDENT
Name SCHWEINHART, MARTIN G
Address 4000 MERIDIAN BLVD.
City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR, VP
Name AARON, THOMAS J
Address 4000 MERIDIAN BLVD.
City-State-Zip: FRANKLIN TN 37067

Title SECRETARY
Name COBB, CHRISTOPHER G
Address 4000 MERIDIAN BLVD.
City-State-Zip: FRANKLIN TN 37067

Title TREASURER, VP
Name LOMICKA, EDWARD W
Address 4000 MERIDIAN BLVD.
City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR, VP, ASST. SECRETARY
Name FORDHAM, BENJAMIN C
Address 4000 MERIDIAN BLVD.
City-State-Zip: FRANKLIN TN 37067

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER G COBB**SECRETARY****04/25/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date