

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91349 041 \*\*\*\*61.25

DOCUMENT # N00000006210

1. Entity Name  
MEMORIAL HEALTH SYSTEMS FOUNDATION, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
770 West Granada Blvd.

3. Mailing Address  
770 West Granada Blvd.

Suite, Apt. #, etc.  
Suite 102

Suite, Apt. #, etc.  
Suite 102

City & State  
Ormond Beach, FL

City & State  
Ormond Beach, FL

4. FEI Number  
59-3718770

Applied For  
Not Applicable

Zip Country  
32174 USA

Zip Country  
32174 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
T. L. Trimble

Street Address (P.O. Box Number is Not Acceptable)  
111 North Orlando Ave.

City Winter Park FL Zip Code 32789

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE CD  
NAME GRUBER, JOSEPH D  
STREET ADDRESS ONE JOHN ANDERSON DR PH 6  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME REINER, RICHARD K  
STREET ADDRESS 2400 BEDFORD ROAD  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BOONE, GEORGE C  
STREET ADDRESS 1520 N ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BROWN, LONNIE  
STREET ADDRESS 37 OAKMONT CIRCLE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BURT, DAVID A  
STREET ADDRESS 501 S. RIDGEWOOD AVENUE  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

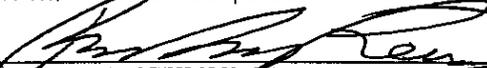
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CLARK, MARY ANN  
STREET ADDRESS 1923 S. FLAGLER AVENUE  
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  5-14-02 407-975-1413