

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006210

FILED
Apr 30, 2012
Secretary of State

Entity Name: MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.

Current Principal Place of Business:

305 MEMORIAL MEDICAL PARKWAY
STE. 201
DAYTONA BEACH, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

305 MEMORIAL MEDICAL PARKWAY
STE. 201
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 31-1771522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: BARKER, BOB
Address: 229 S. RIDGEWOOD AVENUE - #613
City-St-Zip: DAYTONA BEACH, FL 32114

Title: CD
Name: HOOD, DAVID
Address: 444 SEABREEZE BLVD. SUITE 900
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T
Name: OLIVARI, JOHN
Address: 141 SAGE BRUSH TR. SUITE D
City-St-Zip: ORMOND BEACH, FL 32174

Title: C
Name: ADAMS, JOHN
Address: 444 SEABREEZE BLVD, STE 170
City-St-Zip: DAYTONA BEACH, FL 32174

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: JOHN OLIVARI

T

04/30/2012

Electronic Signature of Signing Officer or Director

Date