

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90210 037 ****61.25

DOCUMENT # N00000006210

1. Entity Name

MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.



Principal Place of Business

**770 WEST GRANADA BLVD
SUITE 102
ORMOND BEACH FL 32714
US**

Mailing Address

**770 WEST GRANADA BLVD
SUITE 102
ORMOND BEACH FL 32714
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3718770 X**
31-1771522

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIMBLE, T.L.
111 NORTH ORLANDO AVE.
WINTER PARK FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRUBER, JOSEPH D ONE JOHN ANDERSON DR PH 6 ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURT, DAVID 501 S RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINER, RICHARDK 2400 BEDFORD ROAD ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CLAIR, PAUL 390 JOHN ANDERSON ORMOND BEACH, FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, GEORGE C 1520 N ATLANTIC AVENUE DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, LONNIE 37 OAKMONT CIRCLE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LONNIE 37 OAKMONT CIRCLE ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUSTACE, JOHN 4 CHICKASAW COURT PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, DAVID A 501 S RIDGEWOOD AVENUE DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATTLÖF, HERB 9 CAPRI COURT PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, MARY ANN 1923 S FLAGLER AVENUE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICHARD 202 SEABREEZE BLVD. DAYTONA BEACH, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

1-10-03 (386)252-4499

CR2E037 (10/02)

Attachment #

1000000006210

70009251

MEMORIAL
HEALTH SYSTEMS
FOUNDATION

Additions to Officers
and Directors in 10

D

Crump, Emmett
1 Tomoka Oaks Blvd #117
Ormond Beach, FL 32174

D

Meyer, Doris
9 Via Marino
Palm Coast, FL 32137

D

Galloway, Libba
LPGA
100 International Golf Drive
Daytona Beach, FL 32124

D

McDermott, Tom
11 Noble Creek Way
Ormond Beach, FL 32174

D

Gentry, Michael
Florida Hospital-Memorial Division
875 Stierhaus Avenue
Ormond Beach, FL 32174

D

Teschner, Ted
39 Shadow Creek Way
Ormond Beach, FL 32174

D

Klein, Julieann
2222 Mango Tree Drive
Edgewater, FL 32141