2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90018 034 ****61.25

DOCUMENT # N32597

1. Entity Name

MEMORIAL HOSPITAL-FLAGLER, INC.

Principal Place of Business	Mailing Address
770 W. GRANADA BLVD. SUITE 301 ORMOND BEACH FL 32174	770 W. GRANADA BLVD. SUITE 301 ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
875 Sterthaus Avenue	875 Sterthaus Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach FL	City & State: Ormond Beach FL
Zip: 32174 Country: USA	Zip: 32174 Country: USA

4. FEI Number 59-2951990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMBLE, T. L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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.

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, KENT 875 STERTHAUS AVE ORMOND BEACH FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD REINER, RICHARD K 2400 BEDFORD ROAD ORLANDO FL 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD BROWN, RICHARD 202 SEABREEZE BOULEVARD DAYTONA BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCPD GENTRY, MICHAEL V 875 STERTHAUS AVENUE ORMOND BEACH FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONE, RAYNELLE 900 PINE TREE TERRACE DELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHALK, LAWRENCE E 875 STERTHAUS AVENUE ORMOND BEACH FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GRUBER, JOSEPH D 1329 OAK FOREST DR ORMOND BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ADDISCOTT, LYNN C 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BLOCK, L MARK 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DE PRADA, ARIEL 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789	☐ Change ☒ Addition

CR2E037 (10/00)

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] ENCLOSED Ariel De Prada, Asst. Secretary 3/8/2001 (407) 975-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #