

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32597

FILED
Mar 22, 2005
Secretary of State

Entity Name: MEMORIAL HOSPITAL-FLAGLER, INC.

Current Principal Place of Business:

875 STERTHAUS AVENUE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

60 MEMORIAL MEDICAL PARKWAY
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-2951990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T. L
111 NORTH ORLANDO AVENUE
WINTER PARK, FL 32789 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: CD () Delete
Name: REINER, RICHARD K
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

Title: VCPD () Delete
Name: GENTRY, MICHAEL V
Address: 875 STERTHAUS AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: JOHNSON, SANDRA K
Address: 111 N ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: ADDISCOTT, LYNN C
Address: 111 NORTH ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: BLOCK, MARK L
Address: 111 NORTH ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: DEPRADA, ARIEL
Address: 111 NORTH ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARIEL DEPRADA

AS

03/22/2005

Electronic Signature of Signing Officer or Director

Date