2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# N32597

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:	PD	( ) Delete
Name:	GENTRY, MICHAEL	
Address:	875 STERTHAUS	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	S	( ) Delete
Name:	THOMAS, DEBORAH	
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
Name:	
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 Chapter 119, 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 DE PRADA AS 03/19/2007
Electronic Signature of Signing Officer or Director — Date