

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N94000002983

Entity Name: MEMORIAL HOSPITAL - WEST VOLUSIA, INC.

Current Principal Place of Business:

701 WEST PLYMOUTH AVENUE
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

701 WEST PLYMOUTH AVENUE
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 59-3256803 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: SCHULTZ, MICHAEL
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: JOHNSON, JOEL D
Address: 1055 SAXON BOULEVARD
City-St-Zip: ORANGE CITY, FL 32763

Title: AS () Delete
Name: DE PRADA, ARIEL
Address: 111 N ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

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

Title: D () Delete
Name: TOL, DARYL
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: SEIFERT, LEWIS
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

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 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

01/26/2009

Electronic Signature of Signing Officer or Director

Date