

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006210

FILED
Mar 21, 2018
Secretary of State
CC2730335554

Entity Name: MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.

Current Principal Place of Business:

305 MEMORIAL MEDICAL PARKWAY
STE. 201
DAYTONA BEACH, FL 32117

Current Mailing Address:

305 MEMORIAL MEDICAL PARKWAY
STE. 201
DAYTONA BEACH, FL 32117 US

FEI Number: 31-1771522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

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

Officer/Director Detail :

Title D, PRESIDENT
Name ADAMS, JOHN
Address 444 SEABREEZE BLVD. SUITE 170
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR
Name THOMAS, DEBORA
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name COHEN, HEZI MD
Address 179 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR, TREASURER
Name PALACIOS, ERICK
Address 128 EAST GRANADA BLVD.
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR, VC
Name WEITE, JAMES
Address 1060 WEST INTERNATIONAL SPEEDWAY BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name YEOMANS, GARY
Address 305 MEMORIAL MEDICAL PARKWAY SUITE 201
City-State-Zip: DAYTONA BEACH FL 32117

Title CHAIRMAN, DIRECTOR
Name OLIVARI, JOHN CPA
Address 141 SAGE BRUSH TRAIL SUITE D
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name BERNSTEIN, ROSALIE
Address TEMPORARY ADDRESS 305 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32114

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I hereby 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 all other like empowered.

SIGNATURE: JOHN ADAMS

PRESIDENT

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUCKNOR, JERMAINE
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name COPELAND, DARLINA
Address TEMPORARY ADDRESS
305 MEMORIAL MEDICAL PKWY
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name FERGUSON, JOHN
Address 150 MAGNOLIA AVENUE
City-State-Zip: DAYONA BEACH FL 32114

Title DIRECTOR
Name LEVINE, STEPHEN MD
Address 305 MEMORIAL MEDICAL PKWY
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name NOSEWORTHY, ED
Address 1055 SAXON BLVD.
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name SIMPKINS, JILL
Address 400 HIGH POINT TOWER
SUITE 500
City-State-Zip: COCOA FL 32926

Title DIRECTOR
Name CATRON, LORI
Address P. O. BOX 11826
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name DAWSON, MELINDA
Address 2570 W. ISB
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name GOODSON, RHODA
Address 1235 CHARTER OAKS CIRCLE
City-State-Zip: HOLLY HILL FL 32117

Title DIRECTOR
Name MILLER, PAULA
Address ONE DAYTONA BLVD.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name RAND, JULIE
Address TEMPORARY ADDRESS
305 MEMORIAL MEDICAL PKWY
City-State-Zip: DAYTON BEACH FL 32114

Title DIRECTOR
Name VOGES, BILL
Address 275 CLYDE MORRIS BLVD
City-State-Zip: ORMOND BEACH FL 32174