

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006210

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**1149809132CC**

**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

**Continues on page 2**

*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:** BILL VOGES

D

04/18/2019

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