2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2018
Secretary of State
CC5705001854

DOCUMENT# N32597

Entity Name: MEMORIAL HOSPITAL FLAGLER, INC.

Current Principal Place of Business:

60 MEMORIAL MEDICAL PARKWAY
PALM COAST, FL 32164

Current Mailing Address:

60 MEMORIAL MEDICAL PARKWAY
PALM COAST, FL 32164

FEI Number: 59-2951990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE, FL 32789-3271 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	AS
Name	ADDISCOTT, LYNN C
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	AS
Name	DE PRADA, ARIEL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

Title	ASSISTANT SECRETARY
Name	FOLTZ, ROBERT C
Address	26300 SIENA DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	AS
Name	BLOCK, MARK L
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASST. SECRETARY
Name	SHAW , TERRY
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	HOUMANN, LARS
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	ASST. SECRETARY
Name	GRAFF, JEFF
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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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: ARIEL DE PRADA — ASSISTANT SECRETARY — 02/12/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	RATHBUN, PAUL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	PRESIDENT
Name	JIMENEZ, RONALD MD
Address	60 MEMORIAL MEDICAL PKWY
City-State-Zip:	PALM COAST FL 32164

Title	ASST. SECRETARY
Name	JOHNSON, PENNY
Address	900 HOPE WAY
City-State-Zip:	ALTAMOTNE SPRINGS FL 32714

Title	DIRECTOR, ASST. SECRETARY
Name	TOL, DARYL
Address	301 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	TREASURER
Name	DOMAYER, CORY
Address	TEMP ADDRESS 900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	CHAIRMAN
Name	OTTATI, DAVID
Address	1119 SAXON BLVD.
City-State-Zip:	ORANGE CITY FL 32763

Title	DIRECTOR, ASST. SECRETARY
Name	GOODMAN, TODD
Address	550 EAST ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	ASST. SECRETARY
Name	SAUNDERS, MICHAEL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714