2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 12, 2023
Secretary of State
0479565478CC

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 US

FEI Number: 59-2951990

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	ASSISTANT SECRETARY
Name	ADDISCOTT, LYNN C
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

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

Title	DIRECTOR, ASSISTANT SECRETARY
Name	GOODMAN, TODD
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASSISTANT SECRETARY
Name	VINCENT, HANEY L
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

Title	DIRECTOR, CHAIRPERSON, ASSISTANT SECRETARY
Name	GREGORY, AUDREY
Address	550 E. ROLLINS STREET
City-State-Zip:	ORLANDO FL 32803

Title	ASSISTANT SECRETARY
Name	SAUNDERS, MICHAEL
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: TONI BERRIOS ASSISTANT SECRETARY 09/12/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	BRADY, AMANDA
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR, SECRETARY
Name	DAVIS, BRENT
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	TREASURER
Name	RATHBUN, MARK
Address	60 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	PALM COAST FL 32164

Title	DIRECTOR, PRESIDENT, VICE CHAIR
Name	BALES-CHUBB, DENYSE
Address	60 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	PALM COAST FL 32164

Title	ASSISTANT SECRETARY
Name	HUFFMAN, DAVID
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR, ASSISTANT SECRETARY
Name	HAFFNER, RANDALL L. PHD
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASSISTANT SECRETARY
Name	BERRIOS, TONI
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASSISTANT SECRETARY
Name	THOMAS, DEBORA H.
Address	1061 MEDICAL CENTER DRIVE SUITE 311
City-State-Zip:	ORANGE CITY FL 32763