

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002983

Entity Name: MEMORIAL HOSPITAL - WEST VOLUSIA, INC.

Current Principal Place of Business:

701 WEST PLYMOUTH AVENUE
DELAND, FL 32720

Current Mailing Address:

701 WEST PLYMOUTH AVENUE
DELAND, FL 32720 US

FEI Number: 59-3256803

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 DIRECTOR
Name THOMAS, DEBORA
Address 550 E. ROLLINS ST..
City-State-Zip: ORLANDO FL 32803

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

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

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

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

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

Title TREASURER
Name GLASS, KYLE
Address 701 PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title PRESIDENT
Name BROWN, LORENZO
Address 701 W. PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

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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: LYNN C. ADDISCOTT

ASSISTANT SECRETARY 04/26/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASST. SECRETARY, DIRECTOR
Name GOODMAN, TODD
Address 550 EAST 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

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

Title PRESIDENT, SECRETARY
Name WEISS, DAVE
Address 701 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title CHAIRMAN, ASST. SECRETARY,
DIRECTOR
Name OTTATI, DAVID
Address 1119 SAXON STREET
City-State-Zip: ORANGE CITY FL 32763

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

Title DIRECTOR, ASST. SECRETARY
Name DAVIS, BRENT
Address 60 MEMORIAL MEDICAL PARKWAY
City-State-Zip: PALM COAST FL 32164