

**2024 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

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**3650652397CC**

*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  
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 GRAFF, JEFF  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title TREASURER  
Name AMBS, JENNIFER  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title CHAIRMAN, ASSISTANT SECRETARY,  
DIRECTOR  
Name GREGORY, AUDREY  
Address 701 WEST PLYMOUTH AVENUE  
DELAND  
City-State-Zip: ORANGE CITY FL 32720

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

**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:** TONI BERRIOS

**ASSISTANT SECRETARY 04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title PRESIDENT, SECRETARY  
Name LUNDE, ERIC E  
Address 701 WEST PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

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

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

Title ASSISTANT SECRETARY  
Name BERRIOS, TONI  
Address 701 WEST PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

Title ASST. SECRETARY, DIRECTOR  
Name ZILL, KENNETH  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714