

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 CD  
Name HOUMANN, LARS  
Address 550 E. ROLLINS STREET  
City-State-Zip: ORLANDO FL 32803

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

Title SECRETARY, TREASURER  
Name THOMAS, DEBORA  
Address 4112 PIUTE LANE  
City-State-Zip: ORMOND BEACH FL 32174

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

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

Title D  
Name JOHNSON, SANDRA K  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title ASST. SECRETARY  
Name BLOCK, MARK  
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** 05/22/2014

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

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

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

Title PRESIDENT, DIRECTOR  
Name NOSEWORTHY, ED  
Address 1055 SAXON BLVD  
City-State-Zip: ORANGE CITY FL 32763