

2016 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 CD
Name HOUMANN, LARS
Address 550 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

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

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

Title D
Name JOHNSON, SANDRA K
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 DIRECTOR
Name SEIFERT, LEWIS
Address 550 EAST ROLLINS STREET
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

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: ARIEL DE PRADA

ASSISTANT SECRETARY 02/22/2016

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

Title ASST. SECRETARY
Name RATHBUN, PAUL
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

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