

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006210

FILED  
Jan 26, 2010  
Secretary of State

**Entity Name:** MEMORIAL HEALTH SYSTEMS FOUNDATION, INC.

**Current Principal Place of Business:**

770 WEST GRANADA BLVD  
SUITE 302  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

770 WEST GRANADA BLVD.  
SUITE 302  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

770 WEST GRANADA BLVD  
SUITE 302  
ORMOND BEACH, FL 32174 US

**FEI Number:** 31-1771522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIMBLE, T.L.  
111 NORTH ORLANDO AVE.  
WINTER PARK, FL 32803 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: BANKER, RICK  
Address: 64 COUNTRY CLUB DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VCD  
Name: HOOD, DAVID  
Address: 444 SEABREEZE BLVD. SUITE 900  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD  
Name: OLIVARI, JOHN  
Address: 141 SAGE BRUSH TR. SUITE D  
City-St-Zip: ORMOND BEACH, FL 32174

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: DAVID HOOD

VDC

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date