

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004814 (7)
 1. Corporation Name
FLORIDA MEMORIAL HEALTH NETWORK, INC.



Principal Place of Business 1061 MEDICAL CENTER DRIVE #313 ORANGE CITY FL 32763	Mailing Address 1061 MEDICAL CENTER DRIVE #313 ORANGE CITY FL 32763
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3. Date Incorporated or Qualified 09/17/1996		
4. FET Number 59-3403558	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
PALACIOS, BETH
% THE SUMMIT AT VOLUSIA MEDICAL CENTER
1061 MEDICAL CENTER DRIVE, SUITE 313
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTL Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATEL, BHUPENDRA P M.D.	
STREET ADDRESS	825 N. STONE STREET	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANK, NEAL S D.O.	
STREET ADDRESS	932 SAXON BOULEVARD	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRABLE, MICHAEL S M.D.	
STREET ADDRESS	685 PEACHWOOD DRIVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAZZETTI, ALBERT J M.D.	
STREET ADDRESS	907 N. STONE STREET	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNARD, GRANDY B III	
STREET ADDRESS	809 N. STONE STREET	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIN, TAYLOR W JR	
STREET ADDRESS	740 W. PLYMOUTH AVENUE	
CITY-ST-ZIP	DELAND FL 32720	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **PALacios** **RICHARD A. LIND** 1.22.98 904.676.6111

CR2E037 (10/97)

Please add the following board members as directors:

Alson, Alfred L.
Moody Blvd., Star Rte 1
Bunnell FL 32110

Carbiener, Pamela P.
311 N. Clyde Morris Blvd.
Suite 180
Daytona Beach, FL 32114

McCormick, John R.
744 Plymouth Avenue
DeLand, FL 32720

Please delete the following board members:

Wadsworth, Lyle E.
742 West Plymouth Avenue
DeLand, FL 32720

Henderson, David A.
311 North Clyde Morris Blvd.
#320
Daytona Beach, FL 32114

Patel, Vipin K.
55 North Kings Road
Ormond Beach, FL 32174