


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N96000004814		
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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/17/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 308	27 308	59-3403558
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
	29	30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALACIOS, BETH % THE SUMMIT AT VOLUSIA MEDICAL CENTER 1061 MEDICAL CENTER DRIVE, SUITE 313 ORANGE CITY FL 32763				81 Name	Camille E. Kendrick		
				82 Street Address (P.O. Box Number is Not Acceptable)	1061 Medical Center Drive		
				83	Suite 308		
				84 City	Orange City	85 Zip Code	FL

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 *Camille E. Kendrick* 9/17/99 *Camille E. Kendrick, Exec. Dir.*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, BHUPENDRA P M.D.			1.2 NAME	Grandy B. Barnard, III, MD		
STREET ADDRESS	925 N. STONE STREET			1.3 STREET ADDRESS	809 N. Stone St.		
CITY-ST-ZIP	DELAND FL 32720			1.4 CITY-ST-ZIP	DeLand, FL 32720		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANK, NEAL S D.O.			2.2 NAME	Alfred L. Alson, MD		
STREET ADDRESS	932 SAXON BOULEVARD			2.3 STREET ADDRESS	P.O. Box 352018		
CITY-ST-ZIP	ORANGE CITY FL 32763			2.4 CITY-ST-ZIP	Palm Coast, FL 32135-2018		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABLE, MICHAEL S M.D.			3.2 NAME	Sandford H. Kinne, III, DO		
STREET ADDRESS	685 PEACHWOOD DRIVE			3.3 STREET ADDRESS	1470 Oceanshore Blvd.		
CITY-ST-ZIP	DELAND FL 32724			3.4 CITY-ST-ZIP	Ormond Beach, FL 32176		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAZZETTI, ALBERT J M.D.			4.2 NAME			
STREET ADDRESS	907 N. STONE STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNARD, GRANDY B III			5.2 NAME			
STREET ADDRESS	809 N. STONE STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, TAYLOR W JR			6.2 NAME			
STREET ADDRESS	740 W. PLYMOUTH AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			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, with all other like empowered.

SIGNATURE: *Richard A. Lind* 9/1/99 904 654100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)