

DOCUMENT # N96000004814

1. Entity Name

FLORIDA MEMORIAL HEALTH NETWORK, INC.

Principal Place of Business

770 W. GRANADA BLVD.  
SUITE 210  
ORMOND BEACH FL 32174

Mailing Address

770 W. GRANADA BLVD.  
SUITE 210  
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3403558

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KENDRICK, CAMILLE E  
770 W. GRANADA BLVD.  
SUITE 210  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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 Camille Kendrick Executive Director 1-4-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALFONSO, DON J MD	
STREET ADDRESS	108 FLAGLER PLAZA DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALSON, ALFRED L MD	
STREET ADDRESS	PO BOX 352018	
CITY-ST-ZIP	PALM COAST FL 32135-2018	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTER, DENNIS T MD	
STREET ADDRESS	9 PINE CONE DRIVE, SUITE 104-A	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	C	<input type="checkbox"/> Delete
NAME	BARNARD, GRANDY B III MD	
STREET ADDRESS	809 N. STONE STREET	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, JEFFREY J MD	
STREET ADDRESS	931 N. SPRING GARDEN AVENUE	
CITY-ST-ZIP	DELAND FL 32720-2560	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIGENBAUM, MARTIN S MD	
STREET ADDRESS	570 MEMORIAL CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Please see attached.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00099

CR2E037 (10/00)

Title Name Street Address City - St- Zip	D Jose J. Rosales, MD, PA 1061 Medical Center Drive, Suite 212 Orange City, FL 32763
Title Name Street Address City - St- Zip	D Mark S. Rubin, MD International Eye Associates, PA 550 Memorial Circle, Suite N Ormond Beach, FL 32174
Title Name Street Address City - St- Zip	D Michael J. Smigielski, MD Tri-County Orthopaedics, PA 1133 Saxon Boulevard Orange City, FL 32763
Title Name Street Address City - St- Zip	D Bishnu P. Verma, MD, PA 1555 Saxon Boulevard, Suite 601 Deltona, FL 32725
Title Name Street Address City - St- Zip	D Jerry L. Waikins, MD Memorial Health Center - Daytona Beach 1130 Beville Road Daytona Beach, FL 32114
Title Name Street Address City - St- Zip	D Daryl Tol Memorial Hospital - Ormond Beach 875 Sterthaus Avenue Ormond Beach, FL 32174
Title Name Street Address City - St- Zip	D Joseph Johnson Florida Hospital Fish Memorial 1055 Saxon Boulevard Orange City, FL 32763
Title Name Street Address City - St- Zip	T Larry Schalk Memorial Hospital - Ormond Beach 875 Sterthaus Avenue Ormond Beach, FL 32174
Title Name Street Address City - St- Zip	D Ed Noseworthy Florida Hospital DeLand 701 W. Plymouth Avenue DeLand, FL 32720

Title Name Street Address City – St- Zip	D Don J. Alfonso, MD Ardent Family Care, PA 108 Flagler Plaza Drive Palm Coast, FL 32137
Title Name Street Address City – St- Zip	D Alfred L. Alson, MD P.O. Box 352018 Palm Coast, FL 32135-2018
Title Name Street Address City – St- Zip	D Dennis T. Alter, MD 9 Pine Cone Drive, Suite 104-A Palm Coast, FL 32137
Title Name Street Address City – St- Zip	C Grandy B. Barnard, III, MD West Volusia Pediatrics, PA 809 N. Stone Street DeLand, FL 32720
Title Name Street Address City – St- Zip	D Jeffrey J. Bush, MD 931 N. Spring Garden Avenue DeLand, FL 32720-2560
Title Name Street Address City – St- Zip	D Martin S. Feigenbaum, MD East Volusia Internal Medicine Associates 570 Memorial Circle Ormond Beach, FL 32174
Title Name Street Address City – St- Zip	D Philip P. Goodwin, MD Memorial Family Care – Palm Coast 309 Palm Coast Parkway, N.E. Palm Coast, FL 32137
Title Name Street Address City – St- Zip	D Sandford-H. Kinne, III, DO 1470 Oceanshore Boulevard Ormond Beach, FL 32174
Title Name Street Address City – St- Zip	D Stephen H. Levine, MD, FACS, PA 873 Sterthaus Avenue, Suite 210 Ormond Beach, FL 32174
Title Name Street Address City – St- Zip	D Andrew J. Randolph, MD, PA 1015 N. Stone Street DeLand, FL 32174