

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 96000004814
 1. Entity Name
 Florida Memorial Health Network

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 770 W. Granada Blvd.
 Suite, Apt. #, etc.
 Suite 317

3. Mailing Address
 770 W. Granada Blvd.
 Suite, Apt. #, etc.
 Suite 317

DO NOT WRITE IN THIS SPACE

City & State
 Ormond Beach, FL

City & State
 Ormond Beach, FL

4. FEI Number
 59-3403558

Applied For
 Not Applicable

Zip
 32174

Country
 U.S.A.

Zip
 32174

Country
 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
 TL Trimble
 Street Address (P.O. Box Number is Not Acceptable)
 Adventist Health System
 111 N. Orlando Avenue
 City
 Winter Park FL Zip Code
 32789

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 24 Deen DATE 3/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	Please see Attached List.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 2/06/02
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)

427 869

Don Alfonso, MD Director	Don Alfonso, MD Ardent Family Care, PA 108 Flagler Plaza Drive Palm Coast, FL 32137
Alred Alson, MD Director	Alfred Alson, MD P.O. Box 352018 Palm Coast, FL 32135-2018
Dennis Alter, MD Director	Dennis Alter, MD 9 Pine Cone Drive, Suite 104-A Palm Coast, FL 32137
G. B. Barnard, MD Chairman	Grandy B. Barnard, III, MD West Volusia Pediatrics, PA 809 N. Stone Street DeLand, FL 32720
Jerry Waikins, MD Director	Jerry L. Waikins Memorial Health Center – Daytona Beach 1130 Beville Road Daytona Beach, FL 32114
Martin Feigenbaum, MD Vice Chairman	Martin S. Feigenbaum, MD East Volusia Internal Medicine Associates 570 Memorial Circle Ormond Beach, FL 32174
Andrew Randolph, MD Director	Andrew J. Randolph, MD, PA 1025 N. Stone Street, Suite B DeLand, FL 32720
Philip Goodwin, MD Director	Philip P. Goodwin, MD 309 Palm Coast Pkwy, NE, Ste 4 Palm Coast, FL 32137
Mark Rubin, MD Director	Mark S. Rubin, MD International Eye Associates, PA 550 Memorial Circle, Suite N Ormond Beach, FL 32174
Steven Levine, MD Director	Stephen H. Levine, MD, FACS, PA 873 Sterthaus Avenue, Suite 210 Ormond Beach, FL 32174
Bishnu Verma, MD Director	Bishnu Verma, MD, PA 1555 Saxon Boulevard, Suite 601 Deltona, FL 32725
Devang Shah, MD Director	Devang M. Shah, MD Atlantic Ear, Nose and Throat, PA P.O. Box 953577 Lake Mary, FL 32795-3577
Hendrik Dinkla, MD Director	Hendrik Dinkla, MD Central Florida Neurologic Consultants 744 W. Plymouth Avenue DeLand, FL 32720
Syed-Bilal Ahmed, MD Director	Syed-Bilal Ahmed, MD Central Florida Medical Associates 36 S. Highway 1792, Suite 100 DeBary, FL 32713
Joseph Johnson Director	Joseph Johnson Florida Hospital Fish Memorial 1055 Saxon Boulevard Orange City, FL 32763
Daryl Tol Director	Daryl Tol Memorial Hospital – Flagler Moody Boulevard Bunnell, FL 32110

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Ed Noseworthy Director	Florida Hospital DeLand 701 W. Plymouth Avenue DeLand, FL 32720
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ADVENTIST
HEALTH SYSTEM

427869

March 12, 2002

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Corporate Filings
409 E. Gaines Street
PO Box 6327
Tallahassee, Florida 32314

Re: Uniform Business Report for Florida Memorial Health Network

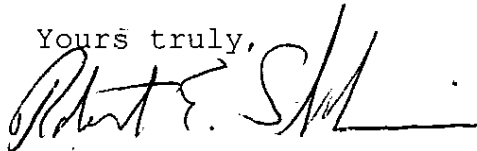
To Whom It May Concern:

Enclosed please find the following documents for filing a Uniform Business Report for the above mentioned entity:

- A. Completed URB form
- B. Check for \$70.00 to cover cost of Initial filing (\$61.25) and an additional \$8.75 to cover the cost of a Certificate of Status.

If you have any questions or need additional information, please do not hesitate to call our office at (407) 975-1410.

Yours truly,



Robert E. Slavkin, Esq.¹
Senior Attorney

RES/plm

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¹ House Counsel authorized by the Florida bar, not currently licensed to practice law in the state of Florida.