

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N96000004814

Entity Name: FLORIDA MEMORIAL HEALTH NETWORK, INC.

**Current Principal Place of Business:**

770 W. GRANADA BLVD.  
SUITE 317  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

770 W. GRANADA BLVD.  
SUITE 317  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3403558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TRIMBLE, TL  
ADVENTIST HEALTH SYSTEM  
111 N. ORLANDO AVENUE  
WINTER PARK, FL 32789 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: D      ( ) Delete  
Name: LEVINE, STEPHEN  
Address: 873 STARHOUSE AVE, STE 210  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: ALSON, ALFRED L MD  
Address: PO BOX 352018  
City-St-Zip: PALM COAST, FL 321352018

Title: D      ( ) Delete  
Name: AHMED, SYED-BILAL  
Address: 36 S HWY 1792, SUITE 100  
City-St-Zip: DEBARY, FL 32713

Title: C      ( ) Delete  
Name: BARNARD, GRANDY B III MD  
Address: 809 N. STONE STREET  
City-St-Zip: DELAND, FL 32720

Title: D      ( ) Delete  
Name: WEINER, TRACY  
Address: 701 W PLYMOUTH AVE  
City-St-Zip: DELAND, FL 32720

Title: VC      ( ) Delete  
Name: FEIGENBAUM, MARTIN S MD  
Address: 570 MEMORIAL CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN LEVINE

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date