

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004814

FILED
Apr 18, 2007
Secretary of State

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:

GRAHAM, KIM
FLORIDA MEMORIAL HEALTH NETWORK, INC.
770 WEST GRANADA BLVD, SUITE 317
ORMOND BEACH, FL 32174 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 Chapter 119, 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: MARTIN S. FEIGENBAUM, MD

VC

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date