

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90122 017 ****61.25

DOCUMENT # N96000004814

1. Entity Name

FLORIDA MEMORIAL HEALTH NETWORK, INC.



Principal Place of Business

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

Mailing Address

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

90043684



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3403558**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Trimble,
TARIMBLE, TL
ADVENTIST HEALTH SYSTEM
111 N. ORLANDO AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

same

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

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 Florida Department of State

see attached continuation

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, DON J MD 108 FLAGLER PLAZA DRIVE PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levine, Stephen 873 Storkhaus Ave, suite 210 Ormond Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSON, ALFRED L MD PO BOX 352018 PALM COAST FL 32135-2018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ahmed, Syed-Bilal 36 S Hwy 41792, suite 100 DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTER, DENNIS T MD 9 PINE CONE DRIVE, SUITE 104-A PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weiner, Tracey 101 W Plymouth Ave Deland, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARNARD, GRANDY B III MD 809 N. STONE STREET DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Verma, Bishnu 1555 Saxon Blvd, Ste 601 Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, JEFFREY J MD 931 N. SPRING GARDEN AVENUE DELAND FL 32720-2560	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waikins, Jerry 1130 Beville Road Daytona Beach, FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice Chairman FEIGENBAUM, MARTIN S MD 570 MEMORIAL CIRCLE ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dinkla, Hendrik 744 W Plymouth Avenue Deland, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Handwritten Signature]*

CR2E037 (10/02)

Attachment

90043684

N96000004814

Also Additions to Board:

Mark S. Rubin
Director
550 Memorial Circle, Suite N
Ormond Beach, FL 32174

Devang Shah
Director
P.O. Box 953577
Lake Mary, FL 32795-3577

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

Larry Schalk
Treasurer
Florida Hospital Fish Memorial
1055 Saxon Boulevard
Orange City, FL 32763

Debra Thomas
Director
Florida Hospital Ormond Memorial
875 Sterthaus Avenue
Ormond Beach, FL 32174

Daryl Tol
Director
Florida Hospital Flagler
Moody Blvd.
Bunnell, FL 32110