

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90216 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000047433**  
 1. Corporation Name  
**FLORIDA MEMORIAL HEALTHCARE CORPORATION**



Principal Place of Business Mailing Address  
**1061 MEDICAL CENTER DRIVE SUITE 313 ORANGE CITY FL 32763 US**  
**ATTN: CHARLES B. KOVAL 875 STERTHAUS AVENUE ORMOND BEACH FL 32174 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/15/1995**  
 4. FEI Number **59-3349558**  
 Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** **770 W Coronado Blvd**  
**22** **SUITE 308** **27** **SUITE 301**  
**23** City & State **28** **ORMOND BEACH FL**  
**24** Zip **25** Country **29** **32174** **30** **USA**

9. Name and Address of Current Registered Agent  
**TRIMBLE, T. L.**  
**2400 BEDFORD RD**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	REINER, RICH	
STREET ADDRESS	601 EAST ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	WATSON, CLARE	
STREET ADDRESS	875 STERTHAUS AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BROWNLOW, JOHN	
STREET ADDRESS	601 EAST ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTON, MELODIE	
STREET ADDRESS	601 E. ROLLINS STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEIGENBAUM, M.D. MARTIN	
STREET ADDRESS	875 STERTHAUS AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIND, RICHARD A	
STREET ADDRESS	875 STERTHAUS AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b> <b>DIETRICH, PATRICIA</b>
5.3 STREET ADDRESS	<b>770 W Coronado Blvd Suite 301</b>
5.4 CITY-ST-ZIP	<b>Ormond Beach FL 32174</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAL mp Date: 3/1/99 Daytime Phone #: 904.615.4100

CR2E034 (1/1/98)