

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

DOCUMENT # **P95000047433**

1. Corporation Name  
**FLORIDA MEMORIAL HEALTHCARE CORPORATION**



Principal Place of Business

1061 MEDICAL CENTER DRIVE  
SUITE 313  
ORANGE CITY FL 32763  
US

Mailing Address

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

21 Suite, Apt. #, etc.  
**Suite 308**  
22 City & State  
**ORMOND BEACH FL**  
23 Zip  
**32174** 25 Country  
**USA**

2a. Mailing Address

26 **770 W Coronado Blvd**  
27 Suite, Apt. #, etc.  
**Suite 301**  
28 City & State  
**ORMOND BEACH FL**  
29 Zip  
**32174** 30 Country  
**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

Signature, typed or printed name of registered agent and title if applicable

(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>
5.3 STREET ADDRESS	<b>DIETRICH, PATRICIA</b>
5.4 CITY-ST-ZIP	<b>770 W Coronado Blvd Suite 301</b> <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/99** **904.615.4100**  
Date Daytime Phone #

CR2E034 (1/98)