

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047433

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLORIDA MEMORIAL HEALTHCARE CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3349558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, TL
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: REINER, RICH
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: BROWNLOW, JOHN
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: PATTON, MELODIE
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL 32803

Title: CEO () Delete
Name: GENTRY, MIKE
Address: 875 STERTHANS AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: CEO () Delete
Name: JOHNSON, JOSEPH
Address: 875 STERTHAUS AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: JOHNSON, JOE
Address: 1055 SAXON BLVD.
City-St-Zip: ORANGE CITY, FL 32763

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
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE JOHNSON

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date