

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 702799

Entity Name: MEMORIAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

301 MEMORIAL MEDICAL PARKWAY
DAYTONA BEACH, FL 32117

Current Mailing Address:

301 MEMORIAL MEDICAL PARKWAY
DAYTONA BEACH, FL 32117

FEI Number: 59-0973502

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

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

Officer/Director Detail :

Title ASST. SECRETARY
Name ADDISCOTT, LYNN C
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name VICENT, HANEY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name FOLTZ, ROBERT C
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name GRAFF, JEFFREY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY, DIRECTOR
Name GOODMAN, TODD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CHAIRPERSON, TREASURER, ASST. SECRETARY, DIRECTOR
Name GREGORY, AUDREY
Address 550 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: TONI BERRIOS

ASSISTANT SECRETARY 09/12/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name BRADY, AMANDA
Address ADVENTHEALTH
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name HAFFNER, RANDALL L. PHD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32712

Title ASSISTANT SECRETARY
Name BERRIOS, TONI
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY
Name DEBORA, THOMAS H
Address 1061 MEDICAL CENTER DRIVE SUITE 311
City-State-Zip: ORANGE CITY FL 32763

Title ASSISTANT SECRETARY
Name HUFFMAN, DAVID
Address ADVENTHEALTH
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name DOMAYER, CORY
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

Title PRESIDENT
Name WEIS, DAVID ANDREW
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117