2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2019
Secretary of State
0676987445CC

DOCUMENT# N96000004814

Entity Name: FLORIDA MEMORIAL HEALTH NETWORK, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3403558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEAL, DAVID
770 W. GRANADA BLVD., STE 317
ORMOND BEACH, FL 32174 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	P, INSTITUTIONAL DIRECTOR
Name	THOMAS, DEBORA H
Address	701 W. PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32720

Title	T
Name	PRESSWOOD, JAMES CLAY
Address	770 W. GRANADA BLVD., STE 101
City-State-Zip:	ORMOND BEACH FL 32174

Title	C, DIRECTOR
Name	DINKLA, HENDRIK MD
Address	742 W. PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	RANDOLPH, ANDREW MD
Address	1025 N. STONE STREET SUITE B
City-State-Zip:	DELAND FL 32720

Title	S
Name	HERMANN, DIANE
Address	770 W. GRANADA BLVD., STE 317
City-State-Zip:	ORMOND BEACH FL 32174

Title	ED
Name	SEAL, DAVID
Address	770 W. GRANADA BLVD.
City-State-Zip:	SUITE 317 FL 32720

Title	VC, DIRECTOR
Name	BROWN, STEVEN MD
Address	21 HOSPITAL DR., SUITE 270
City-State-Zip:	PALM COAST FL 32164

Title	DIRECTOR
Name	ALSON, ALFRED MD
Address	28 OLD KINGS ROAD, NORTH
City-State-Zip:	PALM COAST FL 32137

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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: DIANE HERMANN S 04/18/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TORRES, DIEGO MD
Address 325 CLYDE MORRIS BLVD.
SUITE 320
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name CHEIKEN, MARK S MD
Address 8 OFFICE PARK DRIVE
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name RUBIN, MARK S MD
Address INTERNATIONAL EYE ASSOC., PA
1545 HAND AVENUE SUITE B3
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name WEINER, TRACY I DO
Address 1971 WATERFORD ESTATE DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name WILLIAMS, DONNETTE MD
Address 21 HOSPITAL DRIVE
SUITE 290
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name CORBYONS, THOMAS MD
Address 685 PEACHWOOD DRIVE
City-State-Zip: DELAND FL 32720

Title INSTITUTIONAL DIRECTOR
Name CELANO, PATRICIA
Address 1055 SAXON BLVD.
City-State-Zip: ORANGE CITY FL 32763

Title DIRECTOR
Name CEBALLOS, JECEBU MD
Address 61 MEMORIAL MEDICAL PARKWAY
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name RITTER, ANDREW MD
Address 301 MEMORIAL MEDICAL PKWY
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name SAHAI, STEVEN MD
Address 750 WEST GRANADA BLVD.
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name GREEN, ANDREW DPM
Address 21 HOSPITAL DRIVE
SUITE 150
City-State-Zip: PALM COAST FL 32614

Title DIRECTOR
Name AROCHO, JAMES MD
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name JIMENEZ, RON MD
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117