

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004814

**FILED**  
**Jan 29, 2015**  
**Secretary of State**  
**CC1226915938**

**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, DIRECTOR  
Name THOMAS, DEBORA H  
Address 701 W. PLYMOUTH AVENUE  
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 T  
Name PRESSWOOD, JAMES CLAY  
Address 770 W. GRANADA BLVD., STE 101  
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 C, DIRECTOR  
Name DINKLA, HENDRIK MD  
Address 742 W. PLYMOUTH AVENUE  
City-State-Zip: DELAND 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 RANDOLPH, ANDREW MD  
Address 1025 N. STONE STREET  
SUITE B  
City-State-Zip: DELAND FL 32720

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**

**SECRETARY**

**01/29/2015**

\_\_\_\_\_  
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 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 BHALANI, KIRIT MD  
Address 325 CLYDE MORRIS BLVD  
SUITE 400  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name COOK, TIMOTHY  
Address 701 PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

Title DIRECTOR  
Name MATTISON, KENNETH R.  
Address 60 MEMORIAL MEDICAL PKWY  
City-State-Zip: PALM COAST FL 32164

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

Title DIRECTOR  
Name NOSEWORTHY, ED  
Address 1055 SAXON BLVD.  
City-State-Zip: ORANGE CITY FL 32763

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 TOL, DARYL  
Address 701 E. PLYMOUTH AVENUE  
City-State-Zip: DELAND FL 32720

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

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

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