

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000004814

Entity Name: FLORIDA MEMORIAL HEALTH NETWORK, INC.

FILED
Apr 24, 2013
Secretary of State
CC1461996823

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

Title VC
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: DEBORA H. THOMAS

PRESIDENT

04/24/2013

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

Title DIRECTOR
Name LAROSE, MARK
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

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

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 BELL, MICHAEL
Address 421 SOUTH KEECH STREET
City-State-Zip: DAYTONA BEACH FL 32114

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

Title DIRECTOR
Name WINDHAM, CHRISTOPHER MD
Address 224 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name OTTATI, DAVID
Address 60 MEMORIAL MEDICAL PARKWAY
City-State-Zip: PALM COAST FL 32164

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