

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 10: 07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N11265 (8)

1. Corporation Name
DESOTO MEMORIAL HOSPITAL, INC.

Principal Place of Business Mailing Address
P. O. BOX 2180 800 NORTH ROBERT AVENUE ARCADIA FL 33821-0180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/24/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **58-2592554** Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
21	2a	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
22	27	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
City & State	City & State	23	28
Zip Country	Zip Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent

**MOORE, GARY M.
800 NORTH ROBERT AVENUE
ARCADIA FL 33821-2180**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signatures required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKER, PATRICIA M	1.2 NAME	S/D
STREET ADDRESS	PO BOX 1400 N/A	1.3 STREET ADDRESS	Backer, Patricia M
CITY - ST - ZIP	ARCADIA FL	1.4 CITY - ST - ZIP	PO Box 1400 N/A
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GARY M	2.2 NAME	
STREET ADDRESS	PO BOX 2180 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLIN, JERRY M	3.2 NAME	
STREET ADDRESS	1519 N ARCADIA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLTON, ROBERT M	4.2 NAME	VC/D
STREET ADDRESS	RT 6 BOX 1269	4.3 STREET ADDRESS	Carlton, Robert M
CITY - ST - ZIP	ARCADIA FL	4.4 CITY - ST - ZIP	Rt 6 Box 1269
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHINI, JANET S	5.2 NAME	
STREET ADDRESS	PO BOX 2180 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	T/D
STREET ADDRESS		6.3 STREET ADDRESS	Davis, Bruce L., Jr.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	1505 N. Arcadia Avenue

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Gary M. Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary M. Moore

4/2/95
Date Daytime Phone #

N11265

**DEBOTO MEMORIAL HOSPITAL, INC.
OFFICERS AND DIRECTORS
1995-1996**

NAME	TITLE	CURRENT BOARD TERM
Ted W. Land Post Office Box 1236 Arcadia, Florida 33821 (813) 494-4434	Chairman	1995 - 1999
Robert M. Carlton Route 6, Box 5568 Arcadia, Florida 33821 (813) 494-5648	Vice Chairman	1994 - 1998
Patricia M. Becker Post Office Box 1400 Arcadia, Florida 33821 (813) 494-2220	Secretary	1994 - 1998
Bruce L. Davis, Jr. 1505 North Arcadia Avenue Arcadia, Florida 33821 (813) 494-3506	Treasurer	1993 - 1997
Howard P. Bateman 6384 S.E. County Road 760 Arcadia, Florida 33821 (813) 494-2737	Board Member	1993 - 1997
Jerry M. Newlin 1519 North Arcadia Avenue Arcadia, Florida 33821 (813) 494-4999	Board Member	1992 - 1996
Kayum Mohammedbboy, M.D. 250 N. Brevard Avenue Arcadia, Florida 33821	Board Member	1995 - 1999
Gary M. Moore Post Office Box 2180 Arcadia, Florida 33821-2180 (813) 494-8402	President/CEO of Corporation	
Janet S. Michini Post Office Box 2180 Arcadia, Florida 33821-2180 (813) 494-8410	Vice President of Corporation	
Cindy Peak Post Office Box 2180 Arcadia, Florida 33821-2180 (813) 494-8404	Vice President of Corporation	