

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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DOCUMENT # N11265 (8)

1. Corporation Name

DESOTO MEMORIAL HOSPITAL, INC.



Principal Place of Business

**P. O. BOX 2180
900 NORTH ROBERT AVENUE
ARCADIA FL 33821-9180**

Mailing Address

**P. O. BOX 2180
900 NORTH ROBERT AVENUE
ARCADIA FL 33821-9180**

3. Date Incorporated or Qualified
09/24/1985

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-2592554

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MOORE, GARY M.
900 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BACKER, PATRICIA M**
STREET ADDRESS **PO BOX 1400 N/A**
CITY-ST-ZIP **ARCADIA FL**

TITLE **P** ☐ DELETE
NAME **MOORE, GARY M**
STREET ADDRESS **PO BOX 2180 N/A**
CITY-ST-ZIP **ARCADIA FL**

TITLE **D** ☐ DELETE
NAME **NEWLIN, JERRY M**
STREET ADDRESS **1519 N ARCADIA AVE**
CITY-ST-ZIP **ARCADIA FL**

TITLE **D** ☐ DELETE
NAME **CARLTON, ROBERT M**
STREET ADDRESS **RT 6 BOX 1269**
CITY-ST-ZIP **ARCADIA FL**

TITLE **V** ☐ DELETE
NAME **MICHINI, JANET S**
STREET ADDRESS **PO BOX 2180 N/A**
CITY-ST-ZIP **ARCADIA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**Land, Ted W
PO Box 1236
Arcadia, FL 33821**

**Davis, Bruce L., Jr.
1505 N Arcadia Ave
Arcadia, FL 33821**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

941-494-3402

CR2E037 (12/95)

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DESOTO MEMORIAL HOSPITAL, INC.
OFFICERS AND DIRECTORS
1996-1997

<u>NAME</u>	<u>TITLE</u>	<u>CURRENT BOARD TERM</u>
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. Backer Post Office Box 1400 Arcadia, Florida 338212 (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) 494-4939	Board Member	1996 - 2000
Keyum Mohammadbhoy, 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	
Cindy Peck Post Office Box 2180 Arcadia, Florida 33821-2180 (813) 494-8404	Vice President of Corporation	