


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham 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 34266-8765
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3. Date Incorporated or Qualified 09/24/1985	3a. Date of Last Report 04/22/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2592554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BACKER, PATRICIA M
STREET ADDRESS	PO BOX 1400 N/A
CITY - ST - ZIP	ARCADIA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	MOORE, GARY M
STREET ADDRESS	PO BOX 2180 N/A
CITY - ST - ZIP	ARCADIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NEWLIN, JERRY M
STREET ADDRESS	1519 N ARCADIA AVE
CITY - ST - ZIP	ARCADIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARLTON, ROBERT M
STREET ADDRESS	RT 6 BOX 1269 (NA)
CITY - ST - ZIP	ARCADIA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LAND, TED W.
STREET ADDRESS	PO BOX 1236 (NA)
CITY - ST - ZIP	ARCADIA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BRUCE L. J
STREET ADDRESS	1505 N. ARCADIA AVE
CITY - ST - ZIP	ARCADIA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

1-15-97

CR2E037 (9/96)