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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N11265

1. Corporation Name

(8)

FILED Apr 23 1998 8:00am Secretary of State

DESOTO MEMORIAL HOSPITAL, INC.											
rincipal Place	of Business	Mailing Address					108(((0) 401)	BOL ILOUT ROUB DÂGD	I KIN DIVII D		
. O. BOX 2180		P. O. BOX 2180	P. O. BOX 2180 900 NORTH ROBERT AVENUE ARCADIA FL 33821-9180			F	3. Date Incorporated or Qualified				
00 north roe Rcadia Fl 336							09/24/1985				
							4. FEI Number				Applied For
Dringing Die	on of Puninens	2a. Mailing Address					<u>59-25925</u>	54			Not Applicat
Principal Place of Business Suite, Apt. #, etc		26 Suite, Apt. #, etc.				5. Certificate of Sta	atus Desired			Additional Required	
						Election Campai Trust Fund Cont	\$5.00 May Be Added to Fees				
City & State		City & State					7. Is this nonprofit	corporation a h	_	ers associat	
Zin	Country	28 Zip		Country	,		• This			∐ No	
Zip	25	29	-	30			Personal Propert	paid the current year ne 30.		r Intangible	
<u> </u>	9. Name and Address of Cu					1	0. Name and Add	ress of New R	e 30. egistered		LJ 190
				81	Name						
MOODE	CADY M			-	<u> </u>						
MOUNE,	gary M. Tith Robert Avenue			82 Street A		Address (P.O. Box Number is Not Acceptable)					
	FL 33821-2180										
MINOMUM	1 FL 030212100			-	-						
				84	City				FL		Code
office or re agent. I an	egistered agent, or both, in the t in familiar with, and accept the c	State of Fiorida. Such Change wo obligations of, Section 617.0503	, Florida	Statutes	7 LITE COF 5.						
GIGNATURE _	o the provisions of Sections 617 agistered agent, or both, in the familiar with, and accept the o Stonature, typed or printed name of register	ed agent and title if applicable	(NOTE: Re	fered Age			en reinstating)		DATE		
ignature _	Signature, typed or printed name of register OFFICERS	ed agent and title if applicable S AND DIRECTORS	(NOTE: Re	fered Age 3.					DATE	D DIRECTO	RS IN 12
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