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FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 09/24/1985	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAND, TED W.	
STREET ADDRESS	P.O. BOX 1236 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wade Hartley	
STREET ADDRESS	9299 SW Lipe Road	
CITY-ST-ZIP	Arcadia, Florida 33821	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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; 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 the address.

SIGNATURE: _____

CR2E037 (10/97)