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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11265

1. Corporation Name
DESOTO MEMORIAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2180 900 NORTH ROBERT AVENUE ARCADIA FL 33821-9180	P. O. BOX 2180 900 NORTH ROBERT AVENUE ARCADIA FL 33821-9180

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 09/24/1985
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2592554 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, GARY M. 900 NORTH ROBERT AVENUE ARCADIA FL 33821-2180	81 Name: Roy C. Vinson 82 Street Address (P.O. Box Number is Not Acceptable): 900 N. Robert Avenue 83 Arcadia, 84 City: FL — 85 Zip Code: 342165

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: Roy C. Vinson
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BACKER, PATRICIA M		1.2 NAME	Andy Ames - V.P. Bd. of Dir.	
STREET ADDRESS	PO BOX 1400 N/A		1.3 STREET ADDRESS	3885 SE Brown Rd.	
CITY-ST-ZIP	ARCADIA FL		1.4 CITY-ST-ZIP	Arcadia Fl. 342666	
TITLE	P	☑ DELETE	2.1 TITLE	Roy Vinson (P)	☑ Change ☐ Addition
NAME	MOORE, GARY M		2.2 NAME	CEO	
STREET ADDRESS	PO BOX 2180 N/A		2.3 STREET ADDRESS	P.O. Box 2180	
CITY-ST-ZIP	ARCADIA FL		2.4 CITY-ST-ZIP	Arcadia, Fl. 342666	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	NEWLIN, JERRY M		3.2 NAME	Jerry Merrill - Chairman of the Bd.	
STREET ADDRESS	1519 N ARCADIA AVE		3.3 STREET ADDRESS	6645 Masters Avenue	
CITY-ST-ZIP	ARCADIA FL		3.4 CITY-ST-ZIP	Arcadia, Fl. 342666	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	HARTLEY, WADE		4.2 NAME	Ray Stewart - Bd. member	
STREET ADDRESS	9299 SW LIPE RD		4.3 STREET ADDRESS	P.O. Box 2526	
CITY-ST-ZIP	ARCADIA FL 33821		4.4 CITY-ST-ZIP	Arcadia Fl. 34265	
TITLE	V	☑ DELETE	5.1 TITLE	D - Bd. member	☐ Change ☑ Addition
NAME	LAND, TED W.		5.2 NAME	Mohan Narayanan, M.D.	
STREET ADDRESS	P.O. BOX 1236 N/A		5.3 STREET ADDRESS	810 N. Mills Ave	
CITY-ST-ZIP	ARCADIA FL		5.4 CITY-ST-ZIP	Arcadia, Fl. 342666	
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☑ Addition
NAME			6.2 NAME	Tony Guidry - Treasurer	
STREET ADDRESS			6.3 STREET ADDRESS	10 South DeSoto Ave	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Arcadia Fl. 342666	

CR2E037 (5/99)

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 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, with all other like empowered.

SIGNATURE: Roy C. Vinson REQUIRED Roy C. Vinson — 8/16/99 — 941-494-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #