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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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	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

MOORE, GARY M.
900 NORTH ROBERT AVENUE
ARCADIA FL 33821-2180

10. Name and Address of New Registered Agent

81 Name C. Roy Vinson
82 Street Address (P.O. Box Number is Not Acceptable) 900 N. Robert Avenue
83 Arcadia,
84 City FL 85 Zip Code 34265

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 Kimes - 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. 34266	
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. 34266	
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. 34266	
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. 34266	
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. 34266	

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 C. Roy C. Vinson 8/16/99 941-494-8402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #