

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90005 015 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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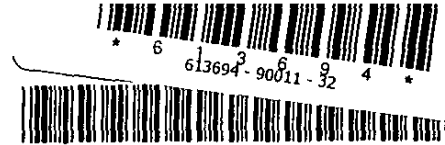
1. Corporation Name

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


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

8. 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	Roy Vinson
82	Street Address (P.O. Box Number is Not Acceptable)	900 N. Robert Avenue
83	City	Arcadia
84	State	FL
85	Zip Code	34205

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 Vinson

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BACKER, PATRICIA M	1.2 NAME	Andy Kimes - V.P. 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 34206
TITLE	P	2.1 TITLE	Roy Vinson
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 34206
TITLE	D	3.1 TITLE	D
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 34206
TITLE	D	4.1 TITLE	D
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 34205
TITLE	V	5.1 TITLE	D - Bd member
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 34206
TITLE		6.1 TITLE	T
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 34206

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

REQUIRE

Date

8/16/99

Daytime Phone #

941-444-8402

CR2E037 (5/99)