

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11265

1. Entity Name

DESOTO MEMORIAL HOSPITAL, INC.

FILED

May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90076 041 \*\*\*\*61.25

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 34266-8765

2. Principal Place of Business

900 N. Robert Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Arcadia, Florida

City & State

Zip

34266 DeSoto

Country

4. FEI Number

59-2592554

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINSON, ROY  
900 NORTH ROBERT AVENUE  
ARCADIA FL 34265

7. Name and Address of New Registered Agent

Name

Edward J. Hannon

Street Address (P.O. Box Number is Not Acceptable)

900 N. Robert Avenue

City

Arcadia

FL

Zip Code

34266

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Edward J. Hannon*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. 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	D	<input type="checkbox"/> Delete
NAME	AMES, ANDY	
STREET ADDRESS	3885 SE BROWN RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NEWLIN, JERRY M	
STREET ADDRESS	1519 N ARCADIA AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	VINSON, ROY	
STREET ADDRESS	PO BOX 2180	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DCB	<input type="checkbox"/> Delete
NAME	MERRILL, JERRY	
STREET ADDRESS	6645 MASTERS AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	STEWART, RAY	
STREET ADDRESS	PO BOX 2526	
CITY-ST-ZIP	ARCADIA FL 34265	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia M. Backer	
STREET ADDRESS	P.O. Box 1400	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Nugent	
STREET ADDRESS	8780 NW Bethel Farms Rd.	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward J. Hannon	
STREET ADDRESS	900 N. Robert Avenue	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward J. Hannon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Hannon 5/12/00 6863-494-8402

Date

Daytime Phone #

CR2E037 (9/99)

CO100062  
#N11265

Additional Officers and Directors

D/T  
Tony Guidry  
10 DeSoto Avenue  
Arcadia, Florida 34266

C0100062  
#N11265

## FILING INSTRUCTIONS

**FORM:** 2000 UNIFORM BUSINESS REPORT

**DUE:** IMMEDIATELY

**AMOUNT:** \$ 61.25 PAYABLE TO "DEPARTMENT OF STATE"

**SIGNATURE:** ONE OF THE LISTED OFFICERS OR DIRECTORS

**MAIL TO:** DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ENVELOPE ENCLOSED

01-8610.0079  
HY (5)