2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11265

1. Entity Name

DESOTO MEMORIAL HOSPITAL, INC.			,a				03-03-2002 90122 001 ****61.25				
Principal Place of Business 900 NORTH ROBERT AVENUE ARCADIA FL 33821-9180			Mailing Address P. O. BOX 2180 900 NORTH ROBERT AVENUE ARCADIA FL 33821-9180				. (85)/(61 40) //	har sidid ligiz di		[2] & &) \$ 4 & 6	KU B I B IK 1 08 1
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number 59-2592554				oplied For
Zip		Country	Zip	Cou	ntry		5. Certificate of Si	tatus Desired		\$8.75 Add	ditional
6. Name and Address of Current R			egistered Agent				7. Name and Add	lress of New	Registered	Agent	
					Name						
HANNON, EDWARD J					Street A	Address (P	.O. Box Number is	Not Acceptal	ole)		
900 NORTH ROBERT AVENUE					_ 		 				
	FL 34266				ľ						
					City				FL	Zip Cod	e
SIGNATURE	Signature, typed o	r printed name of registered agent ar	9. Election Car Trust Fund (mpaign F	inancing		\$5.00 May Be Added to Fees	N		k Payable	
10.		OFFICERS AND DIRE	CTORS	11.		A	DDITIONS/CHANG	ES TO OFFIC	ERS AND DI	RECTORS IN	10
TITLE	D		⊠ Delete	TITLE		D		<u> </u>		☐ Change	X Addition
NAME	BACKER, P			NAME		Kath	ryn Hill				-
STREET ADDRESS	PO BOX 14				ET ADDRESS		E. Oak S				
CITY-ST-ZIP	ARCADIA F	<u> </u>			ST-ZIP	1	dia, Flo	rida_	34266	P77 ev	
TITLE NAME	AMES, AND) V	☐ Delete	TITLE		D/T				Change	Addition
STREET ADDRESS	3885 SE BE				: Et address	Will	iam Nuge	nt			
CITY-ST-ZIP	ARCADIA F			1	ST-ZIP	8/80 Arca	NW Beth	el Far rida	ms Rd	•	
TITLE	D		☐ Delete	TITLE		D/VC	<u> </u>	<u> </u>	D-11 04	[] Change	X Addition
NAME		n, mohan m.d.		NAME		Tony	Guidry				
STREET ADDRESS	810 N MILL						Soto Ave				
CITY-ST-ZIP	ARCADIA F	L 34266				Arçac	<u>lia, Flor</u>	ida 1	34266		
NAME	HANNON, E	INWARD I	☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	900 N ROB			NAME STREE	ET ADDRESS	İ					Ì
CITY-ST-ZIP	ARCADIA F				ST-ZIP						
TITLE	S		□ Delete	TITLE		! - -				☐ Change	Addition
NAME	SICA, VINC					l				•	
STREET ADDRESS	10 S DESO			NAME	1						
CITY-ST-ZIP		TO AVE		STREE	ET ADDRESS						ĺ
				STREE							
TITLE	C	TO AVE L 34266	☐ Delete	STREI CITY- TITLE	ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS		TO AVE L 34266 RAY	☐ Delete	STREI CITY- TITLE NAME	ST-ZIP					[_] Change	☐ Addition

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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED
Mar 03, 2002 8:00 am
Secretary of State

Daytime Phone #

OHachmert N11265

327604

DeSoto Memorial Hospital, Inc. Board of Directors As of 02/02

Ray Stewart, Chairman of the Board

Tony Guidry, Vice Chairman

William Nugent, Treasurer

Vincent Sica, Secretary

Kathryn Hill, Board Member

Andy Ames, Board Member

Mohan Narayanan, M.D., Board Member