

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11265

**FILED**  
**Feb 05, 2004**  
**Secretary of State****Entity Name:** DESOTO MEMORIAL HOSPITAL, INC.**Current Principal Place of Business:**900 NORTH ROBERT AVENUE  
ARCADIA, FL 338219180**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 2180  
900 NORTH ROBERT AVENUE  
ARCADIA, FL 338219180**New Mailing Address:****FEI Number:** 59-2592554      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FOSTER, JAMES R  
900 NORTH ROBERT AVENUE  
ARCADIA, FL 34266      US**Name and Address of New Registered Agent:**OSWALD, WESLEY W  
900 NORTH ROBERT AVENUE  
ARCADIA, FL 34266      US

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: WESLEY W. OSWALD

02/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D      ( ) Delete  
**Name:** HILL, KATHRYN  
**Address:** 201 E OAK STREET  
**City-St-Zip:** ARCADIA, FL 34266**Title:** D      ( ) Delete  
**Name:** AMES, ANDY  
**Address:** 3885 SE BROWN RD  
**City-St-Zip:** ARCADIA, FL 34266**Title:** D      ( ) Delete  
**Name:** NARAYANAN, MOHAN M.D.  
**Address:** 810 N MILLS AVE  
**City-St-Zip:** ARCADIA, FL 34266**Title:** P      ( ) Delete  
**Name:** HANNON, EDWARD J  
**Address:** 900 N ROBERT AVE  
**City-St-Zip:** ARCADIA, FL 34266**Title:** S      ( ) Delete  
**Name:** SICA, VINCENT  
**Address:** 10 S DESOTO AVE  
**City-St-Zip:** ARCADIA, FL 34266**Title:** C      ( ) Delete  
**Name:** STEWART, RAY  
**Address:** PO BOX 2526  
**City-St-Zip:** ARCADIA, FL 34265**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** V.C      (X) Change ( ) Addition  
**Name:** HILL, KATHRYN  
**Address:** 201 E OAK STREET  
**City-St-Zip:** ARCADIA, FL 34266**Title:** T      (X) Change ( ) Addition  
**Name:** AMES, ANDY  
**Address:** 3885 SE BROWN RD  
**City-St-Zip:** ARCADIA, FL 34266**Title:** D      (X) Change ( ) Addition  
**Name:** NATHAN, VAIDY M.D.  
**Address:** 830 N MILLS AVE  
**City-St-Zip:** ARCADIA, FL 34266**Title:** P      (X) Change ( ) Addition  
**Name:** OSWALD, WESLEY W  
**Address:** 900 N ROBERT AVE  
**City-St-Zip:** ARCADIA, FL 34266**Title:** C      (X) Change ( ) Addition  
**Name:** SICA, VINCENT  
**Address:** 10 S DESOTO AVE  
**City-St-Zip:** ARCADIA, FL 34266**Title:** D      (X) Change ( ) Addition  
**Name:** STEWART, RAY  
**Address:** PO BOX 2526  
**City-St-Zip:** ARCADIA, FL 34265

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT SICA

C

02/05/2004

Electronic Signature of Signing Officer or Director

Date

TONY GUIDRY, DIRECTOR  
10 S. DESOTO AVENUE  
ARCADIA, FLORIDA 34266

WILLIAM NUGENT - SECRETARY  
8780 NW BETHEL FARMS RD.  
ARCADIA, FLORIDA 34266