2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # N11265 1. Entity Name DESOTO MEMORIAL HOSPITAL, INC.									03-21-200	3 901 26 04	+3/(0.00
900 NORTH ROBERT AVENUE 90				Mailing Address 900 NORTH ROBERT AVENUE ARCADIA, FL 33821-9180						1297	8 3 m	
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03092005	Chg-NP	CR2E0:	37 (10/03)	
City & State				City & State				4. FEI Number 59-2592			N	pplied For ot Applicable
Zip Country			<u> </u>	Zip Cou			5. Certificate of Status Desired S8.75 Additional Fee Required.					
	6. Name	and Address of Cun	rent Registere	d Agent		Nаme		7. Name and	Address of Nev	v Registered	Agent	
CHROMIK, JAMES R 900 NORTH ROBERT AVENUE ARCADIA, FL 34266							ddress (I	P.O. Box Numbe	r is Not Accepta	ıble)		
ARCADIA,	FL 3420					City					Zip Coo	ie
The above named entity submits this statement for the purpos				on of changing its				ad a gapt or bath	in the Ctate of	FL Storida Lam	<u>· </u>	
	tions of regist		at for the purp	ose of changing its	rogistare	o onice o	register	ed agent, or both	i, iii ule State Oi	rionda. Fam	rainiai wipi	, and accept
SIGNATURE .		or printed name of registered	agent and title if appl	licable. (NOTE	: Registered	d Agent signat	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			A= 00	** *	Maka chaci	k payable t	ro.	
	Due by N							\$5.00 May Be Added to Fees	Ê	lorida Depar		
10.			D DIRECTORS						- E	lorida Depar	tment of S	itate
10TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.C HILL, KAT 201 E OA	May 1, 2005 OFFICERS AND	D DIRECTORS		11. TITLE NAMI	on.		Added to Fees	- E	lorida Depar	tment of S	itate
TITLE NAME STREET ADDRESS	V.C HILL, KAT 201 E OA ARCADIA T AMES, AI 3885 SE I	Aay 1, 2005 OFFICERS AND THRYN K STREET A, FL 34266	DIRECTORS	Trust Fund C	11. TITLE NAMM STRE CITY TITLE NAMM STRE	on. E ET ADDRESS -ST-ZIP	(D) Joh	Added to Fees	mons k Stree	Iorida Depar	tment of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V.C HILL, KAT 201 E OA ARCADIA T AMES, AI 3885 SE I ARCADIA D NATHAN, 830 N MIL	Asy 1, 2005 OFFICERS AND THRYN K STREET A, FL 34266 NDY BROWN RD A, FL 34266	D DIRECTORS	Trust Fund C	11. TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	(D) Joh	Added to Fees DDITIONS/CHA nny Cle 1 E. Oa	mons k Stree	Iorida Depar	tment of S RECTORS IN	N 10 Addition
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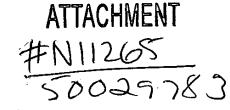
indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiving for trustee empowered to execute this report as required by Chapter 617, Florida Statutes; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James R. Chromik, President/CEO

March 9, 2005

Daytime Phone #





DESOTO MEMORIAL HOSPITAL'S BOARD OFFICERS/DIRECTORS

Names, Addresses, Titles and Phone Numbers February 2005

Board Members/Titles

- C Vincent Sica, Chairman Attorney 10 S. DeSoto Avenue Arcadia, Florida 34266 863-491-6400
- Cd Kathryn Hill, Vice Chair
 DeSoto County Tax Collector
 P.O. Box 462
 Arcadia, Florida 34266
 863-993-4861
- S Ray Stewart, Secretary Insurance Agent
 DeSoto Insurance
 243 N. Brevard Avenue
 Arcadia, Florida 34266
 863-494-2242
- Will Nugent, Treasurer
 Bethel Farms/Owner
 8780 NW Bethel Farms Rd.
 Arcadia, Florida 34266
 863-494-3057
- Vaidy Nathan, M.D., Board Member 830 N. Mills Avenue Arcadia, Florida 34266 863-494-8599
- Johnny Clemons
 Branch Manager
 Big Lake National Bank
 1601 E. Oak Street
 Arcadia, Florida 34266
 863-491-4100
 - Hank Swindell
 Retired
 502 E. Pine Street
 Arcadia, Fl. 34266
 863-494-9773