


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-21-2005 90126 045 \*\*\*\*70.00

<b>DOCUMENT # N11265</b>					
1. Entity Name DESOTO MEMORIAL HOSPITAL, INC.					
Principal Place of Business 900 NORTH ROBERT AVENUE ARCADIA, FL 33821-9180			Mailing Address 900 NORTH ROBERT AVENUE ARCADIA, FL 33821-9180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2592554	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHROMIK, JAMES R 900 NORTH ROBERT AVENUE ARCADIA, FL 34266			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V.C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KATHRYN		NAME		
STREET ADDRESS	201 E OAK STREET		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	(D) Johnny Clemons	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMES, ANDY		NAME	1601 E. Oak Street	
STREET ADDRESS	3885 SE BROWN RD		STREET ADDRESS	Arcadia, Fl. 34266	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHAN, VAIDY M.D.		NAME		
STREET ADDRESS	830 N MILLS AVE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P James R. Chromik	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSWALD, WESLEY W		NAME	900 N. Robert Avenue	
STREET ADDRESS	900 N ROBERT AVE		STREET ADDRESS	Arcadia, Fl. 34266	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICA, VINCENT		NAME		
STREET ADDRESS	10 S DESOTO AVE		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, RAY		NAME		
STREET ADDRESS	PO BOX 2526		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34265		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: <u>James R. Chromik</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	

James R. Chromik, President/CEO

March 9, 2005



# ATTACHMENT

#N11265  
50029783



**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

VC 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

T Will Nugent, Treasurer  
Bethel Farms/Owner  
8780 NW Bethel Farms Rd.  
Arcadia, Florida 34266  
863-494-3057

D Vaidy Nathan, M.D., Board Member  
830 N. Mills Avenue  
Arcadia, Florida 34266  
863-494-8599

D Johnny Clemons  
Branch Manager  
Big Lake National Bank  
1601 E. Oak Street  
Arcadia, Florida 34266  
863-491-4100

D Hank Swindell  
Retired  
502 E. Pine Street  
Arcadia, Fl. 34266  
863-494-9773