


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90081 048 ****70.00

DOCUMENT # N11265					
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		
Zip		Country	Zip		Country
01122006 Chg-NP CR2E037 (11/05)				4. FEI Number 59-2592554	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 <u>James R Chromik</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>1/27/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		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	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILL, KATHRYN	NAME	Hill, Kathryn		
STREET ADDRESS	201 E OAK STREET	STREET ADDRESS	201 E. Oak St.		
CITY-ST-ZIP	ARCADIA, FL 34266	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CLEMONS, JOHNNY	NAME	Will Nugent		
STREET ADDRESS	1601 E OAK STREET	STREET ADDRESS	8780 NW Bethel Farms Rd.		
CITY-ST-ZIP	ARCADIA, FL 34266	CITY-ST-ZIP	Arcadia, FL 34266		
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NATHAN, VAIDY M.D.	NAME	Hank Swindell		
STREET ADDRESS	830 N MILLS AVE	STREET ADDRESS	3307 SE CR 760, Arcadia, FL 34266		
CITY-ST-ZIP	ARCADIA, FL 34266	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE			
NAME	CHROMIK, JAMES R	NAME			
STREET ADDRESS	900 N ROBERT AVE	STREET ADDRESS			
CITY-ST-ZIP	ARCADIA, FL 34266	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SICA, VINCENT	NAME	Sica, Vincent		
STREET ADDRESS	10 S DESOTO AVE	STREET ADDRESS	10 S. DeSoto Ave.		
CITY-ST-ZIP	ARCADIA, FL 34266	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	V.C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEWART, RAY	NAME	Ray Stewart		
STREET ADDRESS	PO BOX 2526	STREET ADDRESS	PO Box 2526		
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 exemptions contained in Chapter 119, 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>Danny Sica</u>		Date <u>1/27/06</u>		Daytime Phone # <u>(863) 494-8402</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	