


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90038 020 \*\*\*\*61.25

**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

40011057



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-2592554

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

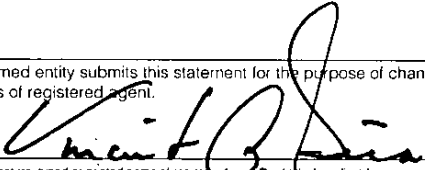
**6. Name and Address of Current Registered Agent**

SICA, VINCENT A  
 900 NORTH ROBERT AVENUE  
 ARCADIA, FL 34266

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

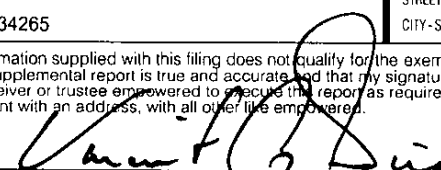
**10. OFFICERS AND DIRECTORS**

TITLE	ED	<input type="checkbox"/> Delete
NAME	HILL, KATHRYN	
STREET ADDRESS	201 E OAK STREET	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	YC	<input type="checkbox"/> Delete
NAME	CLEMONS, JOHNNY	
STREET ADDRESS	1601 E OAK STREET	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	NATHAN, VAIDY M.D.	
STREET ADDRESS	830 N MILLS AVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWINDELL, HANK	
STREET ADDRESS	3307 S.E. COUNTY ROAD 760	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	SICA, VINCENT	
STREET ADDRESS	10 S DESOTO AVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	STEWART, RAY	
STREET ADDRESS	PO BOX 2526	
CITY-ST-ZIP	ARCADIA, FL 34265	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Williams	
STREET ADDRESS	108 W Oak Street	
CITY-ST-ZIP	Arcadia FL 34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 files empowered.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR