2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# N11265

Entity Name: DESOTO MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

900 NORTH ROBERT AVENUE
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

900 NORTH ROBERT AVENUE
ARCADIA, FL 34266

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:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: HILL, KATHRYN
Address: 201 E OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: VC
Name: CLEMONS, JOHNNY
Address: 1601 E OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: D
Name: NATHAN, VAIDY M.D.
Address: 830 N MILLS AVE
City-St-Zip: ARCADIA, FL 34266

Title: T
Name: KNOCHE, DONALD
Address: 4 W OAK ST.
City-St-Zip: ARCADIA, FL 34266

Title: C
Name: WILLIAMS, LINDA
Address: 108 W. OAK STREET
City-St-Zip: ARCADIA, FL 34266

Title: S
Name: STEWART, RAY
Address: PO BOX 2526
City-St-Zip: ARCADIA, FL 34265

I hereby 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 all other like empowered.

SIGNATURE: VINCENT A. SICA CEO 01/08/2010
Electronic Signature of Signing Officer or Director Date