

N11265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

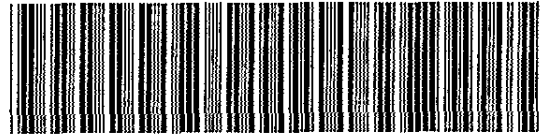
(Business Entity Name)

(Document Number)

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RA Change
T. Lewis 9/26/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DeSoto Memorial Hospital, Inc.

(Name of corporation)

DOCUMENT NUMBER: N11265

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

James R. Foster

(Name of person)

DeSoto Memorial Hospital, Inc.

(Name of firm/company)

900 N. Robert Avenue

(Address)

Arcadia, FL 34266

(City/state and zip code)

For further information concerning this matter, please call:

James R. Foster at (863) 494-4803

(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

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- 1. The name of the corporation: DeSoto Memorial Hospital, Inc.
- 2. The principal office address: 900 N. Robert Avenue, Arcadia, FL 34266
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 09/24/1985 Document number: N11265

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Edward J. Hannon
900 N. Robert Avenue
Arcadia, FL 34266

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James R. Foster
900 N. Robert Avenue
(P.O. Box or personal mailbox NOT acceptable)
Arcadia, FL 34266

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Tony Guidry
(Signature of an officer, chairman or vice chairman of the board)

Tony Guidry, Chairman
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

James R. Foster
(Signature of Registered Agent)

September 12, 2003
(Date)

If signing on behalf of an entity:

James R. Foster President/CEO
(Typed or Printed Name) (Capacity)

***** FILING FEE: \$35.00 *****