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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:32

DOCUMENT # N48162 (4)
1. Corporation Name
DOCTORS' MEMORIAL HOSPITAL, INC.

Principal Place of Business Mailing Address
407 EAST ASH STREET PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/01/1992	3a. Date of Last Report 08/15/1994
4. FEI Number 59-3122517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
LOGUE, TOM
407 EAST ASH STREET
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, BOB 114 WORLEY WAY PERRY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRASER, DAVID 311 GLENRIDGE RD. PERRY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOGUE, DR. TOM 407 E. ASH ST. PERRY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LYNN, MIKE 115 MANTZANAS ST. PERRY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARCHER, MYRNA 402 GLENRIDGE RD. PERRY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GNEWUCH, JOANN RT. 4 BOX 113 PERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	T Alice (Shuge) Mangum Mangum Close Road Perry, Fl 32347 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	C Bob Brown, Jr. 114 Worley Way Perry, Fl 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Tr Myrna Archer 402 Glenridge Road Perry, FL 32347 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	Tr Flora Woodfaulk 201 Warner Avenue Perry, Fl 32347 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	Tr Diane Centner 407 E. Ash Street Perry, Fl 32347 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	Tr Ina Padgent 706 W. Main Street Perry, Fl 32347 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an addressee.

SIGNATURE: _____ (Signature and typed or printed name of principal officer or director) **3-23-95** (Date) **901 584 0835** (Initial Phone #)