

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

1-31-96 B-0586C

DOCUMENT # N48162 (4)

1. Corporation Name

DOCTORS' MEMORIAL HOSPITAL, INC.



Principal Place of Business

Mailing Address

407 EAST ASH STREET  
PERRY FL 32347

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PERRY FL 32347

3. Date incorporated or Qualified: 04/01/1992  
3a. Date of Last Report: 03/28/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3122517		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State			
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOGUE, TOM  
407 EAST ASH STREET  
PERRY FL 32347

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T MANGUM, ALICE (SHUGE) <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGUM, ALICE (SHUGE)	1.2 NAME	Padgett, INA
STREET ADDRESS	MANGUM CLOSE ROAD	1.3 STREET ADDRESS	407 E. Ash St.
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	Perry, Fl. 32347
TITLE	C BROWN, JR. B <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Member Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JR. B	2.2 NAME	Centner, Diane
STREET ADDRESS	114 WORLEY WAY	2.3 STREET ADDRESS	407 E. Ash St.
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	Perry, FL. 32347
TITLE	T ARCHER, MYRNA <input type="checkbox"/> DELETE	3.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHER, MYRNA	3.2 NAME	Jones, Wayne
STREET ADDRESS	402 GLENRIDGE ROAD	3.3 STREET ADDRESS	407 E. Ash St. Perry, Fl.
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	
TITLE	SD LYNN, MIKE <input type="checkbox"/> DELETE	4.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN, MIKE	4.2 NAME	Johnson, Albert
STREET ADDRESS	115 MANTZANAS ST.	4.3 STREET ADDRESS	407 E Ash St. Perry, Fl.
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP	
TITLE	T ARCHER, MYRNA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Dr. Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHER, MYRNA	5.2 NAME	407 E. Ash St.
STREET ADDRESS	402 GLENRIDGE RD.	5.3 STREET ADDRESS	Perry, Fl. 32347
CITY-ST-ZIP	PERRY FL	5.4 CITY-ST-ZIP	
TITLE	T GNEWUCH, JOANN <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	GNEWUCH, JOANN	6.2 NAME	
STREET ADDRESS	RT. 4 BOX 113	6.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	6.4 CITY-ST-ZIP	

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)(k), 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 on an attachment with an address.

SIGNATURE:

*Tom Logue*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

Daytime Phone #

CR2E037 (12/95)