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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N48162 (4)

1. Corporation Name
DOCTORS' MEMORIAL HOSPITAL, INC.



Principal Place of Business Mailing Address
407 EAST ASH STREET 407 EAST ASH STREET
PERRY FL 32347 PERRY FL 32347-2104

3. Date Incorporated or Qualified 04/01/1992 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3122517 Applied For Not Applicable
21 Suite, Apt #, etc 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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 FL 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) MANGUM CLOSE ROAD PERRY FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T CENTNER, DIANE 407 E ASH STREET PERRY FL	2.1 TITLE	Vice President
NAME		2.2 NAME	Albert Johnson
STREET ADDRESS		2.3 STREET ADDRESS	407 E. Ash Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	T ARCHER, MYRNA 402 GLENRIDGE ROAD PERRY FL	3.1 TITLE	Chairperson
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD LYNN, MIKE 115 MANTZANAS ST. PERRY FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T JONES, WAYNE 407 E ASH STREET PERRY FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	C PADGETT, INA 407 E ASH STREET PERRY FL	6.1 TITLE	Director
NAME		6.2 NAME	Brenda Wilson
STREET ADDRESS		6.3 STREET ADDRESS	407 E. Ash Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(1), 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 a 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: [Signature] Date: Jan 7, 1997 Daytime Phone # 0000084

CR2E037 (9/96)