

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 407 EAST ASH STREET PERRY FL 32347	Mailing Address 407 EAST ASH STREET PERRY FL 32347
--	--

3. Date Incorporated or Qualified 04/01/1992		
4. FEI Number 59-3122517	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 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 **H.D. Cannington**
82 Street Address (P.O. Box Number is Not Acceptable)
407 East Ash Street
83
84 City **Perry** FL 85 Zip Code **32347**

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 *H.D. Cannington* **H.D. Cannington CEO** DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	T MANGUM, ALICE (SHUGE)	<input checked="" type="checkbox"/>
NAME	MANGUM CLOSE ROAD	
STREET ADDRESS	PERRY FL	
CITY-ST-ZIP		
TITLE	VP JOHNSON, ALBERT	<input checked="" type="checkbox"/>
NAME	407 E. ASH STREET	
STREET ADDRESS	PERRY FL	
CITY-ST-ZIP		
TITLE	C ARCHER, MYRNA	<input checked="" type="checkbox"/>
NAME	402 GLENRIDGE ROAD	
STREET ADDRESS	PERRY FL	
CITY-ST-ZIP		
TITLE	SD LYNN, MIKE	<input type="checkbox"/>
NAME	115 MANTZANAS ST.	
STREET ADDRESS	PERRY FL	
CITY-ST-ZIP		
TITLE	T JONES, WAYNE	<input type="checkbox"/>
NAME	407 E. ASH STREET P O Box 595	
STREET ADDRESS	PERRY FL 32348	
CITY-ST-ZIP		
TITLE	D WILSON, BRENDA	<input type="checkbox"/>
NAME	407 E. ASH STREET 105 Pine Crest Dr.	
STREET ADDRESS	PERRY FL 32347	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	S Beverly Thompson	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Rt 2 Box 107c		
1.3 STREET ADDRESS	Perry FL 32347		
1.4 CITY-ST-ZIP			
2.1 TITLE	D Flora Woodfauk	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	201 East Wason Street		
2.3 STREET ADDRESS	Perry FL 32347		
2.4 CITY-ST-ZIP			
3.1 TITLE	D Malcolm Page	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Rt 5 Box 570		
3.3 STREET ADDRESS	Perry FL 32347	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP			
4.1 TITLE	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Malcolm V. Page* 4-21-98 850 838-2525

CR2E037 (10/97)