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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90109 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

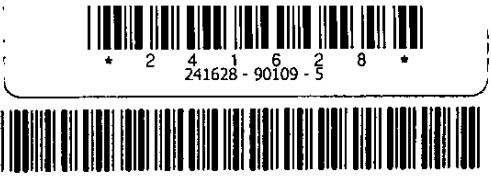


DOCUMENT # N48162

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3122517</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>CANNINGTON, H D</del> <b>Alan M. Levine</b> 407 EAST ASH STREET PERRY FL 32347				81 Name <b>Alan M. Levine</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>407 E. Ash Street</b>			
				83			
				84 City <b>Perry</b> FL 85 Zip Code <b>32347</b>			

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 **Alan M. Levine CEO** DATE **4 Jan 99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S THOMPSON</b>	1.2 NAME	<b>Tr Ron Stefani</b>
STREET ADDRESS	<b>RT 2 BOX 107C</b>	1.3 STREET ADDRESS	<b>126 Bullen Street</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>	1.4 CITY-ST-ZIP	<b>Perry FL 32347</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D WOODFAULK, FLORA</b>	2.2 NAME	<b>Tr Hillie Green</b>
STREET ADDRESS	<b>201 EAST WARREN STREET</b>	2.3 STREET ADDRESS	<b>208 4th Street</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>	2.4 CITY-ST-ZIP	<b>Perry FL 32347</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Secretary PAGE, MALCOLM</b>	3.2 NAME	<b>Tr Debbie Mason</b>
STREET ADDRESS	<b>RT 5 BOX 570</b>	3.3 STREET ADDRESS	<b>407 E. Ash Street</b>
CITY-ST-ZIP	<b>PERRY FL 32347</b>	3.4 CITY-ST-ZIP	<b>Perry FL 32347</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD LYNN, MIKE</b>	4.2 NAME	<b>Tr Mike Lynn</b>
STREET ADDRESS	<b>115 MANTZANAS ST.</b>	4.3 STREET ADDRESS	<b>115 mantzanas st</b>
CITY-ST-ZIP	<b>PERRY FL</b>	4.4 CITY-ST-ZIP	<b>Perry FL 32347</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C JONES, WAYNE</b>	5.2 NAME	<b>Tr/S Malcolm Page</b>
STREET ADDRESS	<b>407 E ASH STREET</b>	5.3 STREET ADDRESS	<b>Rt-5 Box 570</b>
CITY-ST-ZIP	<b>PERRY FL</b>	5.4 CITY-ST-ZIP	<b>Perry FL 32347</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T WILSON, BRENDA</b>	6.2 NAME	
STREET ADDRESS	<b>407 E. ASH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY FL</b>	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, with all other like empowered.

SIGNATURE: **ALAN M. LEVINE** 1/7/99 Date 850 584 0886 Daytime Phone #

E037 (11/98)

**DOCTORS' MEMORIAL HOSPITAL  
BOARD MEMBERS** (Revised: 1/99)

24628-90109-5  
N48162

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N48162

NAME	ADDRESS	OFFICE	HOME
Wayne Jones, Chairman	P. O. Box 595 Perry, FL 32348	F: 838-2969 pager: 1-800-406-9396	584-4994 C: 838-9845
Flora Woodfaulk, Vice-Chairman Teacher, retired Taylor County School System	201 E. Warner Street Perry 32347		584-7726
Brenda Wilson, Treasurer Pharmacist O'Quinn Pharmacy	105 Pine Crest Drive Perry 32347	584-7692 584-2518 F: 584-7693	584-5701
Malcolm Page, Secretary Teacher Taylor County High School	Route 5 Box 570 Perry 32347	838-2525 FAX 838-2521 (school)	584-9489
Debbie Mason, Member Owner Mason Strategic Communications	1512 E. Broward Blvd., Suite 103 <b>Ft. Lauderdale FL 33301</b> 26 1/2 S.E. 11th Ave (home)	954-522-3346 F: 954-524-4326	954-527-9082 C: 954-480-7814
Lillie Green, Member	P. O. Box 966 <b>Steinhatchee FL 32359</b>	352-498-3028 Mom's Store F: 352-498-3027	352-498-8051 home FAX 498-2261
Mike Lynn, Member Physical Therapist DMH	208 Third Street Perry FL 32347 P. O. Box 965 Perry FL 32348	584-0835	584-7286 850-584-7299
Ron Stefani, Member CFO Buckeye Florida (paper plant)	126 Bullen Street Perry 32347	584-1618 FA X 584-1711	838-1979
Dr. Khalil Afsh, Chief of Staff DMH	610 Plantation Road Perry 32347	584-3278 F: 584-8171 Beeper 888 395 6259	838-1842
Mike Smith, Attorney	411 N. Washington Street Perry 32347	584-3812 F: 584-7148	584-6010 Mobil 904-961-6844