

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90324 028 \*\*\*\*61.25

**DOCUMENT # N48162**

1. Entity Name

**DOCTORS' MEMORIAL HOSPITAL, INC.**

Principal Place of Business

Mailing Address

**407 EAST ASH STREET  
 PERRY FL 32347**

**407 EAST ASH STREET  
 PERRY FL 32347-2104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3122517**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEVINE, ALAN M  
 407 E ASH STREET  
 PERRY FL 32347**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEFANI, RON</b> <b>126 BULLEN STREET</b> <b>PERRY FL 32347</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Firas Hamdan, M.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1224 N. Peacock</b> <b>Perry FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOODFAULK, FLORA</b> <b>201 EAST WARREN STREET</b> <b>PERRY FL 32347</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>P.S. Krishnamurthy, M.D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>402 E. Ash St.</b> <b>Perry FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAGE, MALCOLM</b> <b>RT 5 BOX 570</b> <b>PERRY FL 32347</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LYNN, MIKE</b> <b>115 MANTZANAS ST.</b> <b>PERRY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>JONES, WAYNE</b> <b>407 E ASH STREET</b> <b>PERRY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILSON, BRENDA</b> <b>407 E. ASH STREET</b> <b>PERRY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/00*  
 Date

*850 584-0985*  
 Daytime Phone #

CR2E037 (9/99)