

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90338 029 ****61.25

DOCUMENT # N48162

1. Entity 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

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

James W. McKnight

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

407 E. Ash Street

Perry, FL 32347

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

TITLE NAME	S STEFANI, RON	<input type="checkbox"/> Delete
STREET ADDRESS	128 BULLEN STREET	
CITY-ST-ZIP	PERRY FL 32347	
TITLE NAME	D WOODFAULK, FLORA	<input type="checkbox"/> Delete
STREET ADDRESS	201 EAST WARREN STREET	
CITY-ST-ZIP	PERRY FL 32347	
TITLE NAME	D PAGE, MALCOLM	<input type="checkbox"/> Delete
STREET ADDRESS	RT 5 BOX 570	
CITY-ST-ZIP	PERRY FL 32347	
TITLE NAME	SD LYNN, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	115 MANTZANAS ST.	
CITY-ST-ZIP	PERRY FL	
TITLE NAME	C JONES, WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	407 E ASH STREET	
CITY-ST-ZIP	PERRY FL	
TITLE NAME	T WILSON, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	407 E. ASH STREET	
CITY-ST-ZIP	PERRY FL	

TITLE NAME	D Ron Stefani	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6311 Mallard Trace Dr	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE NAME	Flora Woodfaulk, Vice-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 E. Warner Street	
CITY-ST-ZIP	Perry, FL 32347	
TITLE NAME	S Malcolm Page	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DMH Board of Trustees	
CITY-ST-ZIP	3765 Hwy 19 North Perry FL 32347	
TITLE NAME	Wayne Jones, Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO Box 595	
CITY-ST-ZIP	Perry, FL 32348	
TITLE NAME	T Brenda Wilson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DMH Board of Trustees	
CITY-ST-ZIP	105 Pine Crest Drive Perry FL 32347	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

Brenda Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



Attachment
916622
N48162

Attachment Page To: Uniform Business Report:

Additional Directors:

Lillie Green D
DMH Board of Trustees
208 Third Street
Perry, FL 32347

Dr. Firas Hamdan D
DMH Board of Trustees
1224 N. Peacock Ave
Perry FL 32347

P. S. Krishnamurthy, M.D.
DMH Board of Trustees, Chief of Staff
402 East Ash Street
Perry, FL 32347