

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90087 025 ****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**

100175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3122517

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKNIGHT, JAMES W
 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

James W. McKnight, CEO

Signature, typed or printed name of registered agent and where 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 STREET ADDRESS CITY-ST-ZIP	S STEFANI, RON 6311 MALLARD TRACE DRIVE TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODFAULK, FLORA 201 E WARNER STREET PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, MALCOLM 3765 HWY 19 NORTH PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNN, MIKE 115 MANTZANAS ST. PERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JONES, WAYNE P O BOX 595 PERRY FL 32348	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, BRENDA 105 PINE CREST DRIVE PERRY FL 32347	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ron Stefani, Member DMH Board of Directors 6311 Mallard Trace Dr. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flora Woodfaulk, Vice-Chairman DMH Board of Directors 201 E. Warner Street Perry, FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Malcolm Page, Secretary DMH Board of Directors 3765 Hwy 19 North Perry, FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Lynn, Member DMH Board of Directors P. O. Box 965 Perry, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lillie Green, Member DMH Board of Directors 208 Third Street Perry FL 32347	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Firas Hamdan, Member DMH Board of Directors 1224 N. Peacock Perry FL 32347	<input type="checkbox"/> Change <input checked="" 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)(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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02
Date

850 584 2518
Daytime Phone #

CR2E037 (9/01)



*Attachment
Document #
N48162
406175*

Attachment Page To Uniform Business Report:

Khalil Afsh, M.D.
DMH Board of Directors, **Chief of Staff**
315 E. Ash-Street
Perry, FL 32347