

ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-18-2004 90012 046 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # N48162
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: 333 N. Byron Butler Pkwy, Suite, Apt. #, etc.
 3. Mailing Address: PO Box 1847, Suite, Apt. #, etc.

City & State: Perry FL
 City & State: Perry FL
 Zip: 32347 Country: USA
 Zip: 32347 Country: USA

4. FEI Number: 59-3122517 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCKNIGHT, JAMES W
 407 E ASH STREET
 PERRY FL 32347

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and the fee if applicable. (NOTE: Registered Agent signature required when reinstating)

10. FILE NOW. FEE IS \$61.25 Due By May 1, 2004
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D STEFANI, RON 6311 MALLARD TRACE DRIVE TALLAHASSEE FL 32312	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VCD WOODFAULK, FLORA 201 E WARNER STREET PERRY FL 32347	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD PAGE, MALCOLM 3765 HWY 19 NORTH PERRY FL 32347	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LYNN, MIKE P O BOX 965 PERRY FL 32348	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	C JONES, WAYNE P O BOX 595 PERRY FL 32348	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	I WILSON, BRENDA 105 PINE CREST DRIVE PERRY FL 32347	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *James W. McKnight* G E O James W. McKnight 2-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #