

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48162

FILED
Jul 11, 2005
Secretary of State

Entity Name: DOCTORS' MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

New Mailing Address:

FEI Number: 59-3122517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKNIGHT, JAMES W
407 E ASH STREET
PERRY, FL 32347 US

Name and Address of New Registered Agent:

BROWN, RICHARD L
2273 S BYRON BUTLER PKWY
APT. 8H
PERRY, FL 32348 US

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: RICHARD L. BROWN

07/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEFANI, RON
Address: 6311 MALLARD TRACE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VCD () Delete
Name: WOODFAULK, FLORA
Address: 201 E WARNER STREET
City-St-Zip: PERRY, FL 32347

Title: SD () Delete
Name: PAGE, MALCOLM
Address: 3765 HWY 19 NORTH
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: LYNN, MIKE
Address: P O BOX 965
City-St-Zip: PERRY, FL 32348

Title: C () Delete
Name: JONES, WAYNE
Address: P O BOX 595
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: WILSON, BRENDA
Address: 105 PINE CREST DRIVE
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MIXON, SCOTT
Address: 2363 MORGAN WHIDDON ROAD
City-St-Zip: PERRY, FL 32347

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLLINS, JOE
Address: P.O. BOX 1823
City-St-Zip: PERRY, FL 32348

Title: SD (X) Change () Addition
Name: LYNN, MIKE
Address: P O BOX 965
City-St-Zip: PERRY, FL 32348

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE JONES

C

07/11/2005

Electronic Signature of Signing Officer or Director

Date