


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N48162 1. Entity Name DOCTORS' MEMORIAL HOSPITAL, INC.	
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Principal Place of Business 333 N BYRON BUTLER PKWY PERRY, FL 32347	Mailing Address 333 N BYRON BUTLER PKWY PERRY, FL 32347
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DO NOT WRITE IN THIS SPACE



06022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3122517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	DATE 06/05/06-80008-015 61.25
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MIXON, SCOTT
STREET ADDRESS	2363 MORGAN WHIDDON ROAD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	VCD
NAME	WOODFAULK, FLORA
STREET ADDRESS	201 E WARNER STREET
CITY-ST-ZIP	PERRY, FL 32347
TITLE	D
NAME	COLLINS, JOE
STREET ADDRESS	P.O. BOX 1823
CITY-ST-ZIP	PERRY, FL 32348
TITLE	SD
NAME	LYNN, MIKE
STREET ADDRESS	P O BOX 965
CITY-ST-ZIP	PERRY, FL 32348
TITLE	C
NAME	JONES, WAYNE
STREET ADDRESS	P O BOX 595
CITY-ST-ZIP	PERRY, FL 32348
TITLE	T
NAME	WILSON, BRENDA
STREET ADDRESS	105 PINE CREST DRIVE
CITY-ST-ZIP	PERRY, FL 32347

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Terri L Parsons TERRI L PARSONS 6.1.06 850-584-0652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #