


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-T9-2007 90023 042-***50.00
N48162

DOCUMENT # N48162

1. Entry Name
DOCTORS' MEMORIAL HOSPITAL, INC.



Principal Place of Business
**333 N BYRON BUTLER PKWY
PERRY, FL 32347**

Mailing Address
**333 N BYRON BUTLER PKWY
PERRY, FL 32347**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent
**BROWN, RICHARD L
2273 S BYRON BUTLER PKWY
APT. 8H
PERRY, FL 32348**

FILED
07 JUL 19 PM 3:49
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

07-19/07 90043 020 11.25



4. FEI Number
59-3122517

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

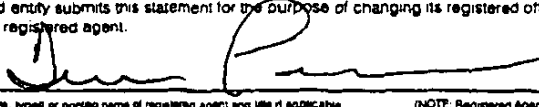
7. Name and Address of New Registered Agent

Name **Terri Parsons**

Street Address (P.O. Box Number is Not Acceptable)
333 N. Byron Butler Pkwy

City **Perry** FL Zip Code **32347**

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 **7.12.07**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when registering) DATE

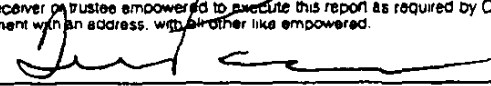
Filing Fee is **\$81.25**
Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	D MIXON, SCOTT 2363 MORGAN WHIDDON ROAD PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C. Mixon, Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD WOODFAULK, FLORA 201 E WARNER STREET PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, JOE P.O. BOX 1823 PERRY, FL 32348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD Collins, Joe	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LYNN, MIKE P O BOX 985 PERRY, FL 32348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D Jones, Wayne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	REINSTATEMENT 07	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:  DATE **7-12-07 850584-0652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

the 2007 Annual report WAS return in error.