


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90046 044 ****61.25

| | |
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| 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 |
|---|---|

| | | | |
|--|---------------------|-----|---------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |



04142008 Chg-NP CR2E037 (12/06)

| | | | |
|--|--|--|--------------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PARSONS, TERRI 333 N BYRON BUTLER PKWY PERRY, FL 32347 | | Name Charles Darcy | |
| | | 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 *C. Darcy* (NOTE: Registered Agent signature required when reinstating) DATE 4/14/08

| | | | |
|---|---|------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MIXON, SCOTT 2363 MORGAN WHIDDON ROAD PERRY, FL 32347 <input type="checkbox"/> Delete |
| 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 | VCD COLLINS, JOE P.O. BOX 1823 PERRY, FL 32348 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LYNN, MIKE P O BOX 965 PERRY, FL 32348 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D 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 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 an other like empowered.

SIGNATURE: *C. Darcy* DATE: 4/14/08

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