

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48162

FILED
Mar 31, 2009
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 (X)

Name and Address of Current Registered Agent:

COLLINS, JOE
333 N. BYRON BUTLER PKWY
PERRY, FL 32347 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COLLINS, JOE
Address: P.O. BOX 1823
City-St-Zip: PERRY, FL 32348

Title: VC () Delete
Name: GUNTER, DARYLL
Address: 111 RIDGE ROAD
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: BRYNES, BILL
Address: P.O. BOX 501
City-St-Zip: PERRY, FL 32348

Title: S () Delete
Name: MOORE, G. CLINE
Address: 316 W. GREEN STREET
City-St-Zip: PERRY, FL 32347

Title: M () Delete
Name: BRETT, GARY
Address: 1448 BILL ADAMS ROAD
City-St-Zip: PERRY, FL 32347

Title: M (X) Delete
Name: HOWELL, VANCE
Address: 5905 POTTS STILL ROAD
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: YARBROUGH, JOHN
Address: PO BOX 1643
City-St-Zip: PERRY, FL 32348

Title: S (X) Change () Addition
Name: MOORE, G. CLINE
Address: 316 W. GREEN STREET
City-St-Zip: PERRY, FL 32347

Title: M (X) Change () Addition
Name: BRETT, GARY
Address: 1448 BILL ADAMS RD
City-St-Zip: PERRY, FL 32347

Title: M (X) Change () Addition
Name: LANIER, DEWAYNE
Address: PO BOX 792
City-St-Zip: PERRY, FL 32348

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: G.CLIN MOORE

Electronic Signature of Signing Officer or Director

S

03/31/2009

Date