

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 01, 2010  
Secretary of State**

DOCUMENT# N48162

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 ( )

**Name and Address of Current Registered Agent:**

BRETT, GARY  
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: GARY BRETT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: BRETT, GARY  
Address: 1448 BILL ADAMS RD  
City-St-Zip: PERRY, FL 32347

Title: T  
Name: YARBROUGH, JOHN  
Address: PO BOX 1643  
City-St-Zip: PERRY, FL 32348

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

Title: M  
Name: HANSON, AQUILLA III  
Address: 406 GLENRIDGE RD  
City-St-Zip: PERRY, FL 32348

Title: M  
Name: LANIER, DEWAYNE  
Address: PO BOX 792  
City-St-Zip: PERRY, FL 32348

Title: CEO  
Name: HUTH, RICHARD  
Address: 333 N. BYRON BUTLER PARKWAY  
City-St-Zip: PERRY, FL 32347

I hereby 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 all other like empowered.

SIGNATURE: RICHARD HUTH

CEO

10/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date