

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48162

FILED
Jan 05, 2011
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 ()

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: _____

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: GARY BRETT

MR.

01/05/2011

Electronic Signature of Signing Officer or Director

Date