


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90071 010 ****70.00

DOCUMENT # N48162
1. Entity Name
DOCTORS' MEMORIAL HOSPITAL, INC.



Principal Place of Business
**407 EAST ASH STREET
PERRY FL 32347**

Mailing Address
**407 EAST ASH STREET
PERRY FL 32347**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State
City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3122517** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MCKNIGHT, JAMES W
407 E ASH STREET
PERRY FL 32347**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *James W. McKnight* Signature, typed or printed name of registered agent and title if applicable. *James W. McKnight, CEO* NOTE: Registered Agent signature required when reinstating. **1-7-03** DATE

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STEFANI, RON	
STREET ADDRESS	6311 MALLARD TRACE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	WOODFAULK, FLORA	
STREET ADDRESS	201 E WARNER STREET	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAGE, MALCOLM	
STREET ADDRESS	3765 HWY 19 NORTH	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, MIKE	
STREET ADDRESS	P O BOX 965	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	C	<input type="checkbox"/> Delete
NAME	JONES, WAYNE	
STREET ADDRESS	P O BOX 595	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, BRENDA	
STREET ADDRESS	105 PINE CREST DRIVE	
CITY-ST-ZIP	PERRY FL 32347	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: *MCKNIGHT* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **01-07-03** **850-584-0835**

CR2E037 (10/02)