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

DOCUMENT # N48162

1. Entity Name

DOCTORS' MEMORIAL HOSPITAL, INC.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90071 010 ****70.00

FILE NOW: FEE IS \$61.25 \$					1/3						
40 FEST ASI STREET PERRY F, 22947 2. Principal Place of Business Suite, Act. 8, etc. Suite, Act. 8, etc. Suite, Act. 8, etc. City & State Country Zip Country Experimental Place of Business 6. Name and Address of Current Registered Agent Name MCKNIGHT, JAMES W AVE ASISTREET PERRY FI, 32347 Street, Address of New Registered Agent Name MCKNIGHT, JAMES W AVE ASISTREET PERRY FI, 32347 Street, Address of New Registered Agent FILE NOW: FEE IS \$61.25 D. Excision Company in Intelligence Agent Address of New Registered Agent FILE NOW: FEE IS \$61.25 D. Excision Company in Intelligence Agent Address of New Registered Agent The Address of New Registered Agent Street, Address of New Registered Agent FILE NOW: FEE IS \$61.25 D. Excision Company in Intelligence Agent Address of New Registered Agent Address of New Registered Agent The Address of New Registered Agent Street, Address of New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name Street, Address of P.O. Box Number is New Registered Agent Name	Principal Pla	ace of Business		Mailing Address	L		1				
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City & State Country Country Country S. Confident of Status Desired 8. Name and Address of Currant Registered Agent Name MCKNIGHT, JAMES W 407 E ASN STREET PERRY FL 32247 City FL Zip Code City City FL	2. Principal Place of Business		3. Mailing Address		<u>-</u>						
City & State Country Zip Country S. Certificate of Status Desired State Address of New Registered Agent Name MCXNIGHT, JAMES W 407 E ASH STREET PERRY FL 32347 City C	Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.		<u></u>		CHECK HERE IF	MAKING CHANGES	1	
Superior Agency State Country	City & State					وسيو توسيعون		·	_ 		٦
Second control of the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. Size Address of New Registered Agent	Zip		Country	Zip	Country	 .					4
MCKNIGHT, JAMES W 407 E ASH STREET PERRY FL 32347 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me celligations of registered agent. SIGNATURE James or registered agent. SIGNATURE Street Rows: Symbolin, types or printer name of registered agent. OFF. Registered Approximation in the State of Florida. I am familiar with, and accept me celligations of registered agent. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me celligations of registered agent. SIGNATURE James Approximate Approximate Properties Approximate Approximate Properties Approximate Approximate Approximate Properties Approximate Approximate Approximate Properties Approximate Appr									Fee Require	ediuonai ed	١
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or primed rame of regulated agent and see a applicable. Signature, types or primed rame of regulated agent and see a applicable. Signature, types or primed rame of regulated agent and see a applicable. Signature, types or primed rame of regulated agent and see a applicable. Signature, types or primed rame of regulated agent and see a applicable. Signature, types or primed rame of regulated agent and see a applicable. Signature, types or primed rame of regulated agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the control of the case of the	407 E A	SH STREET			Stre	et Address (F	P.O. Box Number is f	Not Acceptable)			1
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 Signature	FERRIT	"L 3234/									1
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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: AND THE REMIKE FLESH
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-03

850-584-0835