

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48162

FILED
Jan 24, 2013
Secretary of State
CC5376405056

Entity Name: DOCTORS' MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

Current Mailing Address:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

FEI Number: 59-3122517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORBES, GERI
333 N. BYRON BUTLER PKWY
PERRY, FL 32347 US

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: GERI FORBES

01/24/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title M
Name HANSON, AQUILLA BIII
Address 406 GLENRIDGE ROAD
City-State-Zip: PERRY FL 32348

Title TREASURER
Name LANIER, DEWAYNE
Address 3249 SAN PEDRO ROAD
City-State-Zip: PERRY FL 32348

Title CHAIRMAN
Name BRETT, GARY
Address 1448 BILL ADAMS ROAD
City-State-Zip: PERRY FL 32347

Title M
Name JOHNSON, ALBERT
Address 2827 HENRY GIBSON ROAD
City-State-Zip: PERRY FL 32347

Title VC
Name ARNOLD, KEN
Address 15530 SNAPPER STREET
City-State-Zip: PERRY FL 32348

Title SECRETARY
Name HORNBUCKLE, JOHN
Address 209 PINELAND ROAD
City-State-Zip: PERRY FL 32348

Title M
Name BRYNES, WILLIAM
Address P.O. BOX 501
City-State-Zip: PERRY FL 32348

Title CEO
Name FORBES, GERI
Address 333 N BYRON BUTLER PKWY
City-State-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: GERI FORBES

CEO

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date