

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48162

FILED
Feb 17, 2020
Secretary of State
2875425686CC

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:

MOORE, G.CLINE
316 WEST GREEN STREET
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

02/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name ARNOLD, KEN
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title SECRETARY
Name HAMBY, GLENDA
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title DIRECTOR
Name BRYNES, WILLIAM
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title DIRECTOR
Name O'BRYANT, MARK
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title DIRECTOR
Name NELSON, MILES
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title DIRECTOR
Name FAISON, LAUREN
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title DIRECTOR
Name MCGREW, DEBRA
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title CEO
Name STONE, THOMAS J
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

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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: THOMAS J. STONE

CEO

02/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name ROMMES, ISADORE
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title VC
Name BARBAREE, RIENZI
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title DIRECTOR
Name TRIPP, PRISCILLA
Address 333 N BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347