

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48162

**FILED**  
**Feb 19, 2018**  
**Secretary of State**  
**CC6133005953**

**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.CLIN  
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

02/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           CHAIRMAN  
Name           LANIER, DEWAYNE  
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           YU, TAE  
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

**Continues on page 2**

*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

02/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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