

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48162

**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

02/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VC  
Name TRIPP, PRISCILLA  
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:** LAUREN FAISON

DIRECTOR

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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