

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48162

FILED
Mar 29, 2024
Secretary of State
8059301688CC

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

03/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CEO
Name FAISON-CLARK, 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

Title SECRETARY
Name PARKER-PACE, NELDA
Address 333 N. BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title TREASURER
Name ARNOLD, KENNETH
Address 333 N. BYRON BUTLER PKWY
City-State-Zip: PERRY FL 32347

Title DIRECTOR
Name FAILMA, RAMEL
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-CLARK

CEO

03/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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