2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# 732455

Entity Name: LYDIA MEMORIAL MEDICAL CENTER, INC.

Current Principal Place of Business:

230 SOUTH HIGHWAY 79
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

230 SOUTH HIGHWAY 79
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-1587234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSEN, JOHN
122 SERENADE LANE
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSEN, JOHN
Address: 122 SERENADE LANE
City-St-Zip: PANAMA CITY BEACH, FL

Title: SD ( ) Delete
Name: COLMERY, MAXINE,
Address: 316 CHERRY ST APT 36
City-St-Zip: PANAMA CITY, FL

Title: TD ( ) Delete
Name: HASLAM, ERNEST G
Address: 230 S. HWY 79
City-St-Zip: PANAMA CITY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDERSEN, JOHN
Address: 122 SERENADE LANE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SD (X) Change ( ) Addition
Name: COLMERY, MAXINE,
Address: 316 CHERRY ST APT 36
City-St-Zip: PANAMA CITY, FL 32405

Title: TD (X) Change ( ) Addition
Name: HASLAM, ERNEST G
Address: 230 S. HWY 79
City-St-Zip: PANAMA CITY BEACH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN ANDERSEN PD 04/06/2004

Electronic Signature of Signing Officer or Director — Date