

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90517 026 \*\*\*150.00

<b>DOCUMENT # F0100003351</b>					
1. Entity Name DIXON MEDICAL CENTER, INC.					
Principal Place of Business 2230 SOUTH MACARTHUR DRIVE ALEXANDRIA, LA 71301			Mailing Address 2230 SOUTH MACARTHUR DRIVE ALEXANDRIA, LA 71301		
2. Principal Place of Business		3. Mailing Address		04152004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 72-1159673	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALLOS, STEVE E		NAME		
STREET ADDRESS	10000 US HWY 98 NO 972		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	VM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, SHEAWN		NAME		
STREET ADDRESS	4735 MILL RUN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 346536332		CITY-ST-ZIP		
TITLE	PDCE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLANES, REGINA M		NAME		
STREET ADDRESS	854 CYPRESS LAKEVIEW COURT		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	SSV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, LANGFRED W		NAME		
STREET ADDRESS	2094 ASHBURY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLL, DEBORAH		NAME		
STREET ADDRESS	4168 AMBER LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		
TITLE	DSV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, LANGFRED W		NAME		
STREET ADDRESS	2094 ASHBURY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Langfred W White Sr Vice Pres.</u> 4/23/2004 727.781.9485					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					