


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003351			
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 32700 US Hwy 19 N. _ Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1344 _ Suite, Apt. #, etc.	
City & State Palm Harbor, FL Zip 34684 Country USA		City & State Palm Harbor, FL Zip 34682 Country USA	

V. Roberts MAY 02 2005

FILED  
05 APR 29 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name UCC Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 32700 US Hwy 19 N. City Palm Harbor FL Zip Code 34684	
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 <u>Lisa M. Hand, Asst sec</u> 1CC885 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALLOS, STEVE E <input checked="" type="checkbox"/> Delete 10000 US HWY 98 NO 972 LAKELAND, FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William Planes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 854 Cypress Lake new Tarpon Springs, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM <input checked="" type="checkbox"/> Delete BROWN, SHEAWN 4735 MILL RUN DRIVE NEW PORT RICHEY, FL 346536332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800054205518 05/10/05--01040--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSV <input checked="" type="checkbox"/> Delete WHITE, LANGFRED W 2094 ASHBURY DRIVE CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST <input checked="" type="checkbox"/> Delete NOLL, DEBORAH 4168 AMBER LANE PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV <input type="checkbox"/> Delete WHITE, LANGFRED W 2094 ASHBURY DRIVE CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Langfred W. White 4/28/2005 727-781-9885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #