

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90057 020 ***150.00

067/5627 MR

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1159673**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 **D** ☐ Delete
NAME **PALLOS, STEVE E**
STREET ADDRESS **10000 US HWY 98 NO 972**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KEEN, JAMES W**
STREET ADDRESS **3530 NW 89TH WAY**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PDCE** ☐ Delete
NAME **PLANES, REGINA M**
STREET ADDRESS **854 CYPRESS LAKEVIEW COURT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SSV** ☐ Delete
NAME **WHITE, LANGFRED W**
STREET ADDRESS **2094 ASHBURY DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **Dir/Secy/Sr.VP** ☒ Change ☐ Addition
NAME **Langfred W. White**
STREET ADDRESS **2094 Ashbury Drive**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **AST** ☐ Delete
NAME **NOLL, DEBORAH**
STREET ADDRESS **4168 AMBER LANE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **Asst.Secy/Treas/Cont.** ☒ Change ☐ Addition
NAME **Deborah Noll**
STREET ADDRESS **4168 Amber Lane**
CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP-MIS** ☐ Change ☒ Addition
NAME **Sheawn K. Brown**
STREET ADDRESS **4735 Mill Run Drive**
CITY-ST-ZIP **New Port Richey, FL 34653-6332**

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:

SIGNATURE REQUIRED

4/22/2003

727 781 9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)