
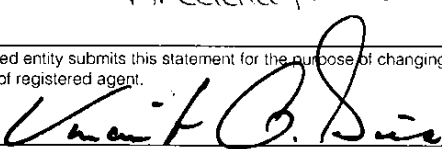
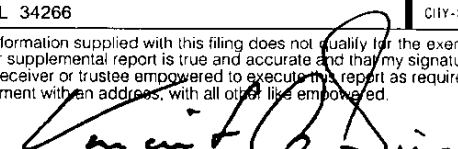


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90038 021 ****61.25

DOCUMENT # N00000000671 1. Entity Name DESOTO MEMORIAL HOSPITAL FOUNDATION, INC.					
Principal Place of Business 900 N. ROBERT AVENUE ARCADIA, FL 34266			Mailing Address 900 N. ROBERT AVENUE ARCADIA, FL 34266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3672817	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CHROMIK, JAMES R 900 ROBERT AVENUE ARCADIA, FL 34266 </div> <div style="width: 50%; text-align: center;"> Vincent A. Sica 900 N. Robert Ave. Arcadia, FL 34266 </div> </div>			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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 60%; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D AMBLER, LEWIS 720 WEST IMOGENE STREET ARCADIA, FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> Secretary Andrea Griffo 900 N Robert Ave. Arcadia FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> Chairman NATHAN, VAIDY 803 N MILLS AVE ARCADIA, FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D Mac Martin 307 E Magnolia Ave Arcadia FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> S JONES, DIANE PO BOX 804 ARCADIA, FL 34266 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> Treasurer Bonnie Melloy 1101 N Brevard Ave Arcadia FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D NARAYANAN, MOHAN MD 810 MILLS AVENUE ARCADIA, FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D Patsy Summers P.O. Box 2113 Arcadia FL 34265 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D MARTIN, GALVIN MD 888 N ROBERT AVENUE ARCADIA, FL 34266 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D Dr. Kayum F. Lorraine Mohammadbroy 350 N Brevard Ave Arcadia FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D BRADT, KATHY 2692 NW HWY 70 LOT 66 ARCADIA, FL 34266 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>					