# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2009**
**Secretary of State**

DOCUMENT# N00000000671

**Entity Name:** DESOTO MEMORIAL HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

900 N. ROBERT AVENUE
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

900 N. ROBERT AVENUE
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number: 59-3672817** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SICA, VINCENT A
900 N . ROBERT AVENUE
ARCADIA, FL 34266 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: D ( ) Delete
Name: AMBLER, LEWIS
Address: 720 WEST IMOGENE STREET
City-St-Zip: ARCADIA, FL 34266

Title: C ( ) Delete
Name: NATHAN, VAIDY
Address: 803 N MILLS AVE
City-St-Zip: ARCADIA, FL 34266

Title: S ( ) Delete
Name: GRIFFIS, ANDREA
Address: 900N ROBERT AVE
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: NARAYANAN, MOHAN MD
Address: 810 MILLS AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: MATIN, MAC
Address: 207 E MAGNOLIA AVE
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: BRADT, KATHY
Address: 2692 NW HWY 70 LOT 66
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MOLLOY, BONNIE
Address: 707 N. BREVARD AVE
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VINCENT A. SICA CEO 01/07/2009

Electronic Signature of Signing Officer or Director — Date