2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
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
Name: AMBLER, LEWIS
Address: 720 WEST IMOGENE STREET
City-St-Zip: ARCADIA, FL 34266

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VINCENT A. SICA CEO 01/08/2010
Electronic Signature of Signing Officer or Director Date