2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007944

Current Principal Place of Business:

City-St-Zip:

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Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: DESOTO HEALTH SERVICES, INC.

FILED Apr 27, 2005 Secretary of State

New Principal Place of Business:

1901 S.E. BAKER AVE ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** 1901 S.E. BAKER AVE P.O.BOX 390 ARCADIA, FL 34266 ARCADIA, FL 34265 FEI Number: 75-3174401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LAND, TED REINHARDT, J. RUDY 20 N ÓRANGE AVE 1200 W. AVON BOULEVARD ARCADIA, FL 34266 US SUITE 109 AVON PARK, FL 34825 US 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: J. RUDY REINHARDT 04/27/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LAND, TED REINHARDT, J. RUDY Name: Name: 20 N ORANGE AVE Address: 1200 W. AVON BOULEVARD, SUITE 109 Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: AVON PARK,, FL 34825 US Title: Title: () Change (X) Addition () Delete Name: SANTANDER, WARREN L Name: Address: Address: 900 N. ROBERT AVENUE City-St-Zip: City-St-Zip: ARCADIA, FL 34265 US Title: () Delete Title: () Change (X) Addition JOHNSON, KELLY J Name: Name: 1200 W. AVON BOULEVARD, SUITE 109 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

City-St-Zip:

Title:

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

AVON PARK, FL 33825 US

HINIKER, ROBERT

BARRERA, PAT

WHITLOCK, PAUL

ARCADIA, FL 34265 US

900 N. ROBERT AVENUE

910 W. GIBSON STREET ARCADIA, FL 34266 US

ARCADIA, FL 34266 US

() Change (X) Addition

() Change (X) Addition

() Change (X) Addition

1901 S.E. BAKER STREET, P.O. BOX 390

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. RUDY REINHARDT

P 04/27/2005