

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90193 042 ****61.25

DOCUMENT # N04000007944 1. Entity Name DESOTO HEALTH RESOURCES, INC.					
Principal Place of Business 1901 S.E. BAKER AVE ARCADIA, FL 34266			Mailing Address P.O. BOX 390 ARCADIA, FL 34265		
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		
6. Name and Address of Current Registered Agent REINHARDT, J. RUDY 1200 W. AVON BOULEVARD SUITE 109 AVON PARK, FL 34825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 75-3174401	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P REINHARDT, J. RUDY 1200 W. AVON BOULEVARD, SUITE 109 AVON PARK, FL 34825	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Kurtz, Penny 34 S. Baldwin Ave. Arcadia, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTANDER, WARREN L 900 N. ROBERT AVENUE ARCADIA, FL 34265	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Ringelberger, Paul D. 1282 Market Circle #6 Port Charlotte, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, KELLY J 1200 W. AVON BOULEVARD, SUITE 109 AVON PARK, FL 33825	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINIKER, ROBERT 1901 S.E. BAKER STREET, P.O. BOX 390 ARCADIA, FL 34265	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, MELANIE 900 N. ROBERT AVENUE ARCADIA, FL 34266	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITLOCK, PAUL 910 W. GIBSON STREET ARCADIA, FL 34266	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blanchette, Karen F. 23 North Polk Ave Arcadia, FL 34266
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: <u>Robert H. Hiner</u> Robert H. Hiner 4/16/07 863-491-8899 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007944 1. Entity Name DESOTO HEALTH RESOURCES, INC.						ATTACHMENT	
Principal Place of Business 1901 S.E. BAKER AVE ARCADIA, FL 34266				Mailing Address P.O. BOX 390 ARCADIA, FL 34265			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40069483 04162007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number 75-3174401		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 REINHARDT, J. RUDY 1200 W. AVON BOULEVARD SUITE 109 AVON PARK, FL 34825				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.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 P NAME REINHARDT, J. RUDY STREET ADDRESS 1200 W. AVON BOULEVARD, SUITE 109 CITY-ST-ZIP AVON PARK, FL 34825	☒ Delete			TITLE D NAME Reinhardt, J. Rudy STREET ADDRESS 1200 W. Avon Boulevard, Suite 109 CITY-ST-ZIP Avon Park, FL 33825	☒ Change ☐ Addition		
TITLE VP NAME SANTANDER, WARREN L STREET ADDRESS 900 N. ROBERT AVENUE CITY-ST-ZIP ARCADIA, FL 34265	☒ Delete			TITLE C NAME Clifton, Brenda STREET ADDRESS 34 N. Baldwin Ave. CITY-ST-ZIP Arcadia, FL 34266	☐ Change ☒ Addition		
TITLE S NAME JOHNSON, KELLY J STREET ADDRESS 1200 W. AVON BOULEVARD, SUITE 109 CITY-ST-ZIP AVON PARK, FL 33825	☐ Delete			TITLE D NAME K. Patrick, Judy STREET ADDRESS 3057 S.E. Lovejoy St. CITY-ST-ZIP Arcadia, FL 34266	☐ Change ☒ Addition		
TITLE T NAME HINIKER, ROBERT STREET ADDRESS 1901 S.E. BAKER STREET, P.O. BOX 390 CITY-ST-ZIP ARCADIA, FL 34265	☐ Delete			TITLE D NAME Stewart, Chirita G. STREET ADDRESS 10 East Oak St., Suite 8 CITY-ST-ZIP Arcadia, FL 34266	☐ Change ☒ Addition		
TITLE D NAME GARNER, MELANIE STREET ADDRESS 900 N. ROBERT AVENUE CITY-ST-ZIP ARCADIA, FL 34266	☐ Delete			(Empty row for additions/changes)			
TITLE D NAME WHITLOCK, PAUL STREET ADDRESS 910 W. GIBSON STREET CITY-ST-ZIP ARCADIA, FL 34266	☒ Delete			(Empty row for additions/changes)			
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: <u>Robert H. Hiner</u> Robert H. Hiner				4/16/07		863-491-8898	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	