

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90031 019 ****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 # 6645 N.E. MATERN AVE.		3. Mailing Address Suite, Apt. #, etc. 	
City & State ARCADIA, FL		City & State 	
Zip 34266	Country USA	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 HINIKER ROBERT H. Street Address (P.O. Box Number is Not Acceptable) 6645 N.E. MATERN AVE. City ARCADIA	
4. FEI Number 75-3174401		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
01142008 Chg-NP CR2E037 (12/06)			
			
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: <u><i>Robert H. Hiniker</i></u> (Robert H. Hiniker) Treasurer/Director 1/23/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)			
Filing Fee is \$61.25 Due by May 1, 2008		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	PD KURTZ, PENNY 34 S. BALDWIN AVE ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINGENBERGER, PAUL D. 24230 SANDHILL BOULEVARD, #903 PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RINGENBERGER, PAUL D. 1282 MARKET CIRCLE #6 PORT CHARLOTTE, FL 33953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REINHARDT J. RUDY 1200 W. AVON BOULEVARD, SUITE 109 AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, KELLY J 1200 W. AVON BOULEVARD, SUITE 109 AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINIKER, ROBERT H. 6645 N.E. MATERN AVE. ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINIKER, ROBERT 1901 S.E. BAKER STREET, P.O. BOX 390 ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, MELANIE 900 N. ROBERT AVENUE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHETTE, KARAN F 23 NORTH POLK AVE ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHETTE, KARAN 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 filers empowered.			
SIGNATURE: <u><i>Robert H. Hiniker</i></u> (Robert H. Hiniker)		1/23/08 863-491-8899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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ATTACHMENT

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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-3174401	
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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	
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2008		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	PD KURTZ, PENNY 34 S. BALDWIN AVE ARCADIA, FL 34266	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENICOLA, JETER ANN 1210 EAST OAK STREET ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RINGENBERGER, PAUL D 1282 MARKET CIRCLE #6 PORT CHARLOTTE, FL 33953	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAWN, CHRISTA G. 10 EAST OAK ST. SUITE B ARCADIA, FL 34266
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	D CULLOM ROBERT 807 WEST IMOGENE STREET ARCADIA, FL 34266
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
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SIGNATURE: <i>Robert H. Hiniker</i> (Robert H. Hiniker)				1/23/08 843-491-8879	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					