

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90013 034 \*\*\*\*61.25

**DOCUMENT # N06000008121**

1. Entity Name

LOUISE MALONEY HOSPITAL, INC.



Principal Place of Business

532 FLEMING ST  
KEY WEST FL 33040

Mailing Address

532 FLEMING ST  
KEY WEST FL 33040

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

none

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

EZMIRLY, D. SHIRLEE  
532 FLEMING ST  
KEY WEST FL 33040

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 reinstating)

DATE

**FILE NOW: 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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | EZMIRLY, D. SHIRLEE     |                                 |
| STREET ADDRESS | 532 FLEMING ST          |                                 |
| CITY, ST, ZIP  | KEY WEST FL 33040       |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | PARKER, MELANIE         |                                 |
| STREET ADDRESS | 1495 DUTCH RD           |                                 |
| CITY, ST, ZIP  | SUFFOLK VA 23437        |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | EZMIRLY, DAVID          |                                 |
| STREET ADDRESS | 43529 BUENA VISTA DRIVE |                                 |
| CITY, ST, ZIP  | LANCASTER CA 93536      |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY, ST, ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY, ST, ZIP  |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY, ST, ZIP  |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY, ST, ZIP  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: D. Shirlee Ezmirly** *D. Shirlee Ezmirly* **23 January 2007 (305) 296 0242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #