

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-19-2007 90023 041 ****61.25

DOCUMENT # N06000010926

1. Entity Name
DOCTOR'S MEMORIAL HOSPITAL FOUNDATION, INC.



Principal Place of Business
333 N BYRON BUTLER PKWY
PERRY, FL 32347

Mailing Address
333 N BYRON BUTLER PKWY
PERRY, FL 32347

40126010



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01032007

Chg-NP

CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number

59-3122517

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RICHARD L
333 N BYRON BUTLER PKWY
PERRY, FL 32347

Name Terri Parsons

Street Address (P.O. Box Number is Not Acceptable)

333 N. Byron Butler Pkwy

City Perry

FL 32347

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)

DATE

7-12-07

Filing Fee is \$81.25
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 BROWN, RICHARD L
STREET ADDRESS 333 N BYRON BUTLER PKWY
CITY-ST-ZIP PERRY, FL 32347

TITLE P
NAME Mixon, Scott
STREET ADDRESS 2363 Morgan Whiddon Road
CITY-ST-ZIP Perry, FL 32347

TITLE V
NAME JONES, WAYNE
STREET ADDRESS P.O. BOX 595
CITY-ST-ZIP PERRY, FL 32348

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME PARSONS, TERRI
STREET ADDRESS 333 N BYRON BUTLER PKWY
CITY-ST-ZIP PERRY, FL 32347

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-07

850-584-0652