2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N06000010926

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

Current Principal Place of Business:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

333 N BYRON BUTLER PKWY
PERRY, FL 32347

New Mailing Address:

FEI Number: 59-3122517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DARCY, CHARLES
333 N BYRON BUTLER PKWY
PERRY, FL 32347 US

Name and Address of New Registered Agent:

COLLINS, JOE
333 N BYRON BUTLER PKWY
PERRY, FL 32347 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: JOE COLLINS 03/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DARCY, CHARLES
Address: 333 N BYRON BUTLER PKWY
City-St-Zip: PERRY, FL 32347

Title: VP ( ) Delete
Name: WOODFAULK, FLORA
Address: 201 FOURTH STREET
City-St-Zip: PERRY, FL 32347

Title: ST ( ) Delete
Name: MIXON, SCOTT
Address: 2363 MORGAN WHIDDON ROAD
City-St-Zip: PERRY, FL 32347

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLLINS, JOE
Address: 333 N BYRON BUTLER PKWY
City-St-Zip: PERRY, FL 32347

Title: T (X) Change ( ) Addition
Name: YARBROUGH, JOHN
Address: PO BOX 1643
City-St-Zip: PERRY, FL 32348

Title: S (X) Change ( ) Addition
Name: MOORE, G. CLINE
Address: 316 W. GREEN STREET
City-St-Zip: PERRY, FL 32347

Title: M ( ) Change (X) Addition
Name: BRETT, GARY
Address: 1448 BILL ADAMS ROAD
City-St-Zip: PERRY, FL 32347

Title: M ( ) Change (X) Addition
Name: LANIER, DEWAYNE
Address: PO BOX 792
City-St-Zip: PERRY, FL 32348

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. CLINE MOORE S 03/31/2009
Electronic Signature of Signing Officer or Director Date