


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90035 010 ****61.25

DOCUMENT # N11265 1. Entity Name DESOTO MEMORIAL HOSPITAL, INC.	
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40010367



Principal Place of Business 900 NORTH ROBERT AVENUE ARCADIA, FL 33821-9180	Mailing Address 900 NORTH ROBERT AVENUE ARCADIA, FL 33821-9180
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2592554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHROMIK, JAMES R 900 NORTH ROBERT AVENUE ARCADIA, FL 34266

7. Name and Address of New Registered Agent Name Vincent A. Sica Street Address (P.O. Box Number is Not Acceptable) 900 N. Robert Avenue City Arcadia FL Zip Code 34266

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  Vincent A. Sica 1/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

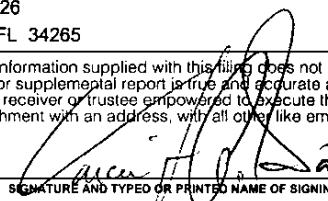
\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HILL, KATHRYN 201 E OAK STREET ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLEMONS, JOHNNY 1601 E OAK STREET ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NATHAN, VAIDY M.D. 830 N MILLS AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHROMIK, JAMES R 900 N ROBERT AVE ARCADIA, FL 34266 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SICA, VINCENT 10 S DESOTO AVE ARCADIA, FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC STEWART, RAY PO BOX 2526 ARCADIA, FL 34265 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hank Swindell 3307 S.E. County Road 760 Arcadia, FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Will Nugent 8780 N.W. Bethel Farms Road Arcadia, FL 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Sica, Vincent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Vincent A. Sica 1/9/07 863-494-8402
Signature and typed or printed name of signing officer or director Date Daytime Phone #