FILED Jan 28, 2008 8:00 am Secretary of State

ANNUAL REPORT	iOr

DOCUMENT # N11265 1. Entity Name DESOTO MEMORIAL HOSPITAL, INC.							0	1-28-200	8 90038 (920 ****	61.25	
Principal Place of Business Mailing Address 900 NORTH ROBERT AVENUE 900 NORTH ROBERT AVENUE ARCADIA, FL 33821-9180 ARCADIA, FL 33821-9180									11057		Pic : 0:0: 0:0	(1 7) 8 1 1 28 1
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01162008 Chg	_I -NP	CR2E037	7 (12/06)	
City & State			City (City & State				4. FEI Number 59-2592554				plied For t Applicable
Zip			Zip			ntry	5. Certificate of Status			Fee Required		
	6. Name	and Address of Current	Registered	Agent		Name		7. Name and Addre	ss of New R	egistered A	gent	
SICA, VINCENT A 900 NORTH ROBERT AVENUE ARCADIA, FL 34266					Street Address (P.O. Box Number is Not Acceptable)							
			\bigcap			City	FL Zip Code					
8. The above	named entit	y submits this statement for	or the purpos	e of changing its	registere	ed office or reg	gistere	ed agent, or both, in th	e State of Flo		amiliar with,	and accept
the obligat	tions of regist	tered ageni.	7 X									
SIGNATURE	Signature, typed	or printed name of registront appli	and title if applica	able. (NOTE	: Registered	I Agent signature re	equired :	when reinstating)		DATE		 .
		e is \$61.25 flay 1, 2008		9. Election Cam Trust Fund C				\$5.00 May Be Added to Fees		ake check ida Departr		
10.		OFFICERO AND DE										
	T	OFFICERS AND DI	RECTORS		11.			DDITIONS/CHANGES	TO OFFICE	RS AND DIRI	ECTORS IN	10
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	HILL, KAT		RECTORS	☐ Delete	TITLE)					
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