

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000008016**

1. Entity Name

SUWANNEE MEDICAL CENTER INC.



Principal Place of Business

103 SW SUWANNEE AVE.  
P.O. BOX 1327  
BRANFORD, FL 32008-1327

Mailing Address

103 SW SUWANNEE AVE.  
P.O. BOX 1327  
BRANFORD, FL 32008-1327



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0609722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DYKES, KENNETH E  
103 SW SUWANNEE AVE.  
P.O. BOX 1327  
BRANFORD, FL 32008-1327

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000115221  
04/16/04-80015-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE CHAI  
NAME DYKES, KENNETH E CHAIRMAN  
STREET ADDRESS 103 SW SUWANNEE AVENUE-- P.O. BOX 1327  
CITY-ST-ZIP BRANFORD, FL 320081327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH E. DYKES

Date

4/14/2004

Daytime Phone #

850-973-  
9060