

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000008016

FILED
Apr 20, 2003
Secretary of State

Entity Name: SUWANNEE MEDICAL CENTER INC.

Current Principal Place of Business:

103 SW SUWANNEE AVE.
P.O. BOX 1327
BRANFORD, FL 320081327

New Principal Place of Business:

Current Mailing Address:

103 SW SUWANNEE AVE.
P.O. BOX 1327
BRANFORD, FL 320081327

New Mailing Address:

FEI Number: 01-0609722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYKES, KENNETH E
103 SW SUWANNEE AVE.
BRANFORD, FL 320081327 US

Name and Address of New Registered Agent:

DYKES, KENNETH E
103 SW SUWANNEE AVE.
P.O. BOX 1327
BRANFORD, FL 320081327 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: _____ 04/20/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI () Change (X) Addition
Name: DYKES, KENNETH E CHAIRMA
Address: 103 SW SUWANNEE AVENUE-- P.O. BOX 1327
City-St-Zip: BRANFORD, FL 320081327 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH E. DYKES CHAI 04/20/2003
Electronic Signature of Signing Officer or Director Date