


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90159 045 \*\*\*150.00

<b>DOCUMENT # P03000038662</b>	
1. Entity Name DIXON MEDICAL CENTER AT COVINGTON, INC.	

Principal Place of Business 32700 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684 US	Mailing Address PO BOX 1344 PALM HARBOR, FL 34682 US
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2. Principal Place of Business - No P.O. Box # <b>32801 U.S. HWY 19 No.</b>	3. Mailing Address <b>32801 U.S. HWY 19 No.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PALM HARBOR, FL</b>	City & State <b>PALM HARBOR, FL</b>
Zip <b>34684</b>	Country <b>USA</b>

04242008 Chg-P CR2E034 (12/06)

4. FEI Number 75-3110245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, LANGRED W 32815 US HWY 19 NO PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Langred W White 4/29/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #