


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 012 ***150.00

DOCUMENT # P03000038665 1. Entity Name DIXON MEDICAL CENTER AT DENHAM SPRINGS, INC.					
Principal Place of Business 32700 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684 US			Mailing Address 32700 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1344 Suite, Apt. #, etc.			
City & State Zip		City & State Zip 34682		Country	
4. FEI Number 75-3110233				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANES, WILLIAM 854 CYPRESS LAKEVIEW DR TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WHITE, LANGFRED W 2894 ACHOURY DR. CLEARWATER, FL 33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	32801 U.S. Highway 19 North Suite 100 Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: Dixon Medical Center at Denham Springs Inc Langfred W. White as its Sr. Vice President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 727-781-9885 Daytime Phone #	