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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005570

1. Corporation Name
PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.

Principal Place of Business
1360 BRICKYARD ROAD
CHIPLEY FL 32428

Mailing Address
1360 BRICKYARD ROAD
CHIPLEY FL 32428



2. Principal Place of Business
21 2954 A Penn Avenue
22 Suite, Apt. #, etc.
23 Marianna, Fl.
24 32448 25 USA
26 2954 A Penn Avenue
27 Suite, Apt. #, etc.
28 Marianna, Fl.
29 32448 30 USA
3. Date incorporated or Qualified
10/01/1997
4. FEI Number
APPLIED FOR
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

9. Name and Address of Current Registered Agent
MASON, STEPHEN D
1360 BRICKYARD ROAD
CHIPLEY FL 32428
10. Name and Address of New Registered Agent
81 Name
Cindy Mathis
82 Street Address (P.O. Box Number is Not Acceptable)
2954 A Penn Avenue
83
84 City
Marianna FL 85 Zip Code
32448

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Cindy Mathis
DATE: 4/30/99

12. OFFICERS AND DIRECTORS
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy Mathis
SIGNATURE REQUIRED
DATE: 4/30/99 (850) 482-9088

CR2E037 (11/98)

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List of Other Directors Not Listed:

D

Mannich, H.
1420 Hospital Drive
Marianna, Fl. 32446

D

Burnham, Ben
424 Burns Avenue
Blountstown, Fl. 32424

D

Stadsklev, Thomas
2187 Stadsklev Road
Marianna, Fl. 32448

D

Clemmons, James, MD
Chipley, Fl. 32428

D

Larson, Dale
Doctor's Memorial Hospital
Bonifay, Fl. 32425

D

Sills, Gail
1420 Hospital Drive
Marianna, Fl. 32446

D

Paris, David
George E. Weems Memorial Hospital
Apalachicola, Fl. 32320