

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90482 028 ****70.00

DOCUMENT # N97000005570

1. Entity Name

PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.

Principal Place of Business

Mailing Address

**2954-A PENN AVE
 MARIANNA FL 32448**

**2954-A PENN AVE
 MARIANNA FL 32448-2700**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

- Zip - - - - - Country
 - - - - - USA

Zip - - - - - Country
 - - - - - USA

4. FEI Number **59-3579413**
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 Would like non-profit status cert.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHIS, CINDY
 2954-A PENN AVE
 MARIANNA FL 32448**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **BOWEN, ROBERT-REGION'S BANK**
 STREET ADDRESS **402 N. WAUKESHA STREET**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **CD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAKE, MIKE-CENTENNIAL HEALTH CARE**
 STREET ADDRESS **400 PERIMETER CENTER TERRACE, SUITE 650**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **D** Change Addition
 NAME **West, John - Jackson Hospital**
 STREET ADDRESS **4250 Hospital Drive**
 CITY-ST-ZIP **Marianna, FL 32446**

TITLE **D** Delete
 NAME **SCHLENKER, PAT**
 STREET ADDRESS **1360 BRICKYARD ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **D** Change Addition
 NAME **Burnham, Ben - Calhoun-Liberty Hospital**
 STREET ADDRESS **424 Burns Avenue**
 CITY-ST-ZIP **Blountstown FL 32424**

TITLE **D** Delete
 NAME **TANTON, MELBA**
 STREET ADDRESS **5378 CHERRY STREET**
 CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHIRO, JUDY**
 STREET ADDRESS **5429 COLLEGE DRIVE**
 CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HALL, JOHN**
 STREET ADDRESS **1360 BRICKYARD ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **D** Change Addition
 NAME **Gay, Joseph MD**
 STREET ADDRESS **3025 6th Street**
 CITY-ST-ZIP **Marianna FL 32446**

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 617, 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 REQUIRED 5/11/00 URIA MAXWELL 850-650-2189
 EXECUTIVE DIRECTOR

CR2E037 (9/99)