

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0016705

05-10-2001 90183 042 *****70.00

DOCUMENT # N97000005570

1. Entity Name

PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.

Principal Place of Business

2954-A PENN AVE
 MARIANNA FL 32448

Mailing Address

2954-A PENN AVE
 MARIANNA FL 32448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3579413

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional Fee Required

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	<input type="checkbox"/> Delete
NAME	BOWEN, ROBERT-REGION'S BANK	
STREET ADDRESS	402 N. WAUKESHA STREET	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAKE, MIKE-CENTENNIAL HEALTH CARE	
STREET ADDRESS	400 PERIMETER CENTER TERRACE, SUITE 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLENKER, PAT	
STREET ADDRESS	1360 BRICKYARD ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TANTON, MELBA	
STREET ADDRESS	5378 CHERRY STREET	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHIRO, JUDY	
STREET ADDRESS	5429 COLLEGE DRIVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, JOHN	
STREET ADDRESS	1360 BRICKYARD ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	West, John	
STREET ADDRESS	P. O. Box 1608	
CITY-ST-ZIP	Marianna, Fl. 32447	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schiros, Judy	
STREET ADDRESS	1360 Brickyard Road	
CITY-ST-ZIP	Chipley, Fl. 32428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnham, Ben	
STREET ADDRESS	424 Burns Avenue	
CITY-ST-ZIP	Blountstown, Fl. 32424	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchell, Laura	
STREET ADDRESS	5429 College Drive	
CITY-ST-ZIP	Graceville, Fl. 32440	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren, Terri	
STREET ADDRESS	401 E. Byrd Avenue	
CITY-ST-ZIP	Bonifay, Fl. 32425	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
 Date

Daytime Phone #

CR2E037 (10/00)