

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90258 018 ****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

2. Principal Place of Business

2863 Green Street

3. Mailing Address

2863 Green Street

Suite, Apt. #, etc.

Suite 2B

Suite, Apt. #, etc.

Suite 2B

City & State

Marianna, FL

City & State

Marianna, FL

Zip

32448

Country

USA

Zip

32448

Country

USA

4. FEI Number

59-3579413

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATHIS, CINDY
 2954-A PENN AVE
 MARIANNA FL 32448

7. Name and Address of New Registered Agent

Name
Saun, Heather
 Street Address (P.O. Box Number is Not Acceptable)
 2863 Green Suite 2B
 Marianna, FL 32448
 City
 Marianna FL Zip Code
 32448

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

Heather Saun

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

(NOTE: Registered Agent signature required when reinstating)

4/18/02

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

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 type="checkbox"/> Delete
NAME	WEST, JOHN	
STREET ADDRESS	P O BOX 1608	
CITY-ST-ZIP	MARIANNA FL 32447	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHIRO, JUDY	
STREET ADDRESS	1360 BRICKYARD ROAD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNHAM, BEN	
STREET ADDRESS	424 BURNS AVENUE	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, LAURA	
STREET ADDRESS	5429 COLLEGE DRIVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, TERRI	
STREET ADDRESS	401 E BYRD AVENUE	
CITY-ST-ZIP	BONIFAY FL 32425	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Long, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winkler, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Heather Saun
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

DATE

Daytime Phone #

CR2E037 (9/01)