2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006
Secretary of State

DOCUMENT# N97000005570

Entity Name: PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.

Current Principal Place of Business:

4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 59-3579413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMAR, LISA G
4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: BOWEN, ROBERT--REGIO, N'S BANK
Address: 402 N. WAUKESHA STREET
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete
Name: WEST, JOHN
Address: P O BOX 1608
City-St-Zip: MARIANNA, FL 32447

Title: D ( ) Delete
Name: SCHIROS, JUDY
Address: 1360 BRICKYARD ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: BURNHAM, BEN
Address: 424 BURNS AVENUE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D ( ) Delete
Name: LONG, WILLIAM
Address: PO BOX 1608
City-St-Zip: MARIANNA, FL 32447

Title: D ( ) Delete
Name: WINKLER, ROBERT
Address: 401 E BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HAMPLE, DAVID
Address: P O BOX 1608
City-St-Zip: MARIANNA, FL 32447

Title: D (X) Change ( ) Addition
Name: SCHLENKER, PAT
Address: 1360 BRICKYARD ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN BURNHAM D 01/24/2006

Electronic Signature of Signing Officer or Director Date