


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90357 032 ****70.00

DOCUMENT # N97000005570

1. Entity Name
PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.



Principal Place of Business Mailing Address


2863 GREEN STREET **2863 GREEN STREET**
SUITE 2B **SUITE 2B**
MARIANNA FL 32448 **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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-35794 13** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAUN, HEATHER
2863 GREEN STREET
MARIANNA FL 32448

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Heather Saun* **HEATHER SAUN, DUTY DIRECTOR** DATE **1-6-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida 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	LONG, WILLIAM
STREET ADDRESS	5429 COLLEGE DRIVE
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE	D <input type="checkbox"/> Delete
NAME	WINKLER, ROBERT
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	
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* DATE: **1-17-03** **(850) 520 2201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #

CR2E037 (10/02)