

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90036 015 ***550.00

DOCUMENT # P96000029608

1. Entity Name
PANHANDLE PHYSICIANS' HEALTH NETWORK, INC. ✓

Principal Place of Business Mailing Address
8800 UNIVERSITY PARKWAY **8800 UNIVERSITY PARKWAY**
BLDG. C. SUITE 3 **BLDG. C. SUITE 3**
PENSACOLA FL 32514 **PENSACOLA FL 32514**

2. Principal Place of Business 3. Mailing Address
8333 N. Davis Hwy. **8333 N. Davis Hwy.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pensacola, FL **Pensacola, FL**

Zip Country Zip Country
32514 **USA** **32514** **USA**

4. FEI Number Applied For
59-3503265 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOUSH, KERMIT E
8800 UNIVERSITY PARKWAY
BUILDING C, SUITE 3
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name: **Janice Fairchild**
 Street Address (P.O. Box Number is Not Acceptable): **8333 N. Davis Hwy**
 City: **Pensacola** FL Zip Code: **32514**

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: *Janice Fairchild* DATE: 8/1/00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	WHITE, M R JR
STREET ADDRESS	8333 NORTH DAVIS HIGHWAY
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	V <input type="checkbox"/> Delete
NAME	PETERSON, CRAIG
STREET ADDRESS	8333 NORTH DAVIS HIGHWAY
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	OLEKSYK, MICHAEL
STREET ADDRESS	8333 NORTH DAVIS HIGHWAY
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Subha Thambuswamy, M.D.
CITY-ST-ZIP	8333 N. Davis Hwy.
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Nicholas Delgado, MD.
CITY-ST-ZIP	8333 N. Davis Hwy.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Malcolm J. [Signature]* DATE: 7/31/00 DAYTIME PHONE #: 850/474-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)