FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **858366** **(8)**

1. Corporation Name
GULF COAST HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
1717 NORTH "E" STREET SUITE 321 PENSACOLA FL 32505-6045	1717 NORTH "E" STREET SUITE 321 PENSACOLA FL 32505-6045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1983**	3a. Date of Last Report: **07/18/1994**
4. FEI Number: **59-2128685**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation has liability for chargeable tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FULFORD, RICHARD C 1110 GULF BREEZE PARKWAY GULF BREEZE FL 32561	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	HENLEY, LAVON	12 NAME	
STREET ADDRESS	401 MEDICAL PARK DRIVE	13 STREET ADDRESS	
CITY ST ZIP	ATMORE AL 36504	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PARKER, PHILLIP L	22 NAME	
STREET ADDRESS	1301 BELLEVILLE AVENUE	23 STREET ADDRESS	
CITY ST ZIP	BREWTON AL 36427	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BRANNEN, CHARLES C	32 NAME	
STREET ADDRESS	1000 W. MORENO STREET	33 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32522-7500	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	FULFORD, RICHARD C	42 NAME	
STREET ADDRESS	1110 GULF BREEZE PARKWAY	43 STREET ADDRESS	
CITY ST ZIP	GULF BREEZE FL 32562	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FARROW, GARY W	52 NAME	
STREET ADDRESS	1815 HAND AVENUE	53 STREET ADDRESS	
CITY ST ZIP	BAY MINETTE AL 36507	54 CITY ST ZIP	
TITLE	STD	61 TITLE	☐ Change ☐ Addition
NAME	FOSTER, W. ALLEN	62 NAME	
STREET ADDRESS	221 S. ALABAMA STREET	63 STREET ADDRESS	
CITY ST ZIP	JAY FL 32565	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C. Fulford, President 4-19-95 9019342100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0346147 CP