FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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**

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

3. Date Incorporated or Qualified: **11/07/1983**

3a. Date of Last Report: **05/01/1995**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FULFORD, RICHARD C
1110 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

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 617.1502, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **CD**	☐ DELETE	☐ Change ☐ Addition
NAME **HENLEY, LAVON**		
STREET ADDRESS **401 MEDICAL PARK DRIVE**		
CITY-ST-ZIP **ATMORE AL 36504**		
TITLE **D**	☐ DELETE	☐ Change ☐ Addition
NAME **PARKER, PHILLIP L**		
STREET ADDRESS **1301 BELLEVILLE AVENUE**		
CITY-ST-ZIP **BREWTON AL 36427**		
TITLE **D**	☐ DELETE	☐ Change ☐ Addition
NAME **BRANNEN, CHARLES C**		
STREET ADDRESS **1000 W. MORENO STREET**		
CITY-ST-ZIP **PENSACOLA FL 32522-7500**		
TITLE **PD**	☐ DELETE	☐ Change ☐ Addition
NAME **FULFORD, RICHARD C**		
STREET ADDRESS **1110 GULF BREEZE PARKWAY**		
CITY-ST-ZIP **GULF BREEZE FL 32562**		
TITLE **D**	☐ DELETE	☐ Change ☐ Addition
NAME **FARROW, GARY W**		
STREET ADDRESS **1815 HAND AVENUE**		
CITY-ST-ZIP **BAY MINETTE AL 36507**		
TITLE **STD**	☐ DELETE	☐ Change ☐ Addition
NAME **FOSTER, W. ALLEN**		M.M. 3-26-96
STREET ADDRESS **221 S. ALABAMA STREET**		
CITY-ST-ZIP **JAY FL 32565**		

TALLAHASSEE FLORIDA
03/26/96 -01152-010
**$225.00

14. I do hereby certify that the information supplied with this report is true, complete 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 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 12 or Block 13 if changed, added, or deleted.

SIGNATURE: _____ 3-18-96 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 9049342100 Daytime Phone #

CR2E034 (12/95)