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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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
1717 NORTH "E" STREET
SUITE 321
PENSACOLA FL 32505-8045

Mailing Address
1717 NORTH "E" STREET
SUITE 321
PENSACOLA FL 32501-6335

3. Date Incorporated or Qualified: **11/07/1983**
3a. Date of Last Report: **03/26/1996**

2. Principal Place of Business
21 | Street Address
22 | Suite, Apt. #, etc.
23 | City & State
24 | Zip | 25 | Country

2a. Mailing Address
26 | Street Address
27 | Suite, Apt. #, etc.
28 | City & State
29 | Zip | 30 | Country

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CD ☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	HENLEY, LAVON	1.2 NAME	Henley, Lavon	
1.3 STREET ADDRESS	401 MEDICAL PARK DRIVE	1.3 STREET ADDRESS	401 Medical Park Dr.	
1.4 CITY-ST-ZIP	ATMORE AL 36504	1.4 CITY-ST-ZIP	Atmore, AL 36504	
2.1 TITLE	D ☐ DELETE	2.1 TITLE	VCD	☒ Change ☐ Addition
2.2 NAME	PARKER, PHILLIP L	2.2 NAME	Parker, Phillip L.	
2.3 STREET ADDRESS	1301 BELLEVILLE AVENUE	2.3 STREET ADDRESS	1301 Belleville Ave.	
2.4 CITY-ST-ZIP	BREWTON AL 36427	2.4 CITY-ST-ZIP	Brewton, AL 36427	
3.1 TITLE	D ☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	BRANNEN, CHARLES C	3.2 NAME	Brannen, Charles C.	
3.3 STREET ADDRESS	1000 W. MORENO STREET	3.3 STREET ADDRESS	1000 W. Moreno St.	
3.4 CITY-ST-ZIP	PENSACOLA FL 32522-7500	3.4 CITY-ST-ZIP	Pensacola, FL 32522-75000	
4.1 TITLE	PD ☐ DELETE	4.1 TITLE	PD	☐ Change ☐ Addition
4.2 NAME	FULFORD, RICHARD C	4.2 NAME	Fulford, Richard C.	
4.3 STREET ADDRESS	1110 GULF BREEZE PARKWAY	4.3 STREET ADDRESS	1110 Gulf Breeze Parkway	
4.4 CITY-ST-ZIP	GULF BREEZE FL 32562	4.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
5.1 TITLE	D ☒ DELETE	5.1 TITLE	STD	☒ Change ☐ Addition
5.2 NAME	FARROW, GARY W	5.2 NAME	Cannington, H.D.	
5.3 STREET ADDRESS	1815 HAND AVENUE	5.3 STREET ADDRESS	221 S. Alabama Street	
5.4 CITY-ST-ZIP	BAY MINETTE AL 36507	5.4 CITY-ST-ZIP	Jay, FL 32565	
6.1 TITLE	STD ☒ DELETE	6.1 TITLE	CD	☒ Change ☒ Addition
6.2 NAME	FOSTER, W. ALLEN	6.2 NAME	Jernigan, Robert F., Jr.	
6.3 STREET ADDRESS	221 S. ALABAMA STREET	6.3 STREET ADDRESS	1613 North McKenzie St.	
6.4 CITY-ST-ZIP	JAY FL 32565	6.4 CITY-ST-ZIP	Foley, AL 36535	

CR2E034 (9/96)

14. 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 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 a corporate 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 Richard C. Fulford President 3/13/97 9049342100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484147