


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 05 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # 858366 (8)</b> 1. Corporation Name <b>GULF COAST HEALTH SYSTEMS, INC.</b>		

Principal Place of Business <b>1717 NORTH "E" STREET</b> <b>SUITE 321</b> <b>PENSACOLA FL 32505-8045</b>	Mailing Address <b>1717 NORTH "E" STREET</b> <b>SUITE 321</b> <b>PENSACOLA FL 32505-8045</b>
---	---



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>11/07/1983</b>	
<b>4. FEI Number</b> <b>59-2128685</b>		Applied For <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VC/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENLEY, LAVON	1.2 NAME	Gowing, Robert
STREET ADDRESS	401 MEDICAL PARK DRIVE	1.3 STREET ADDRESS	401 Medical Park Dr.
CITY-ST-ZIP	ATMORE AL	1.4 CITY-ST-ZIP	Stmore, AL 36504
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, PHILLIP L	2.2 NAME	Parker, Phillip L.
STREET ADDRESS	1301 BELLEVILLE AVENUE	2.3 STREET ADDRESS	1301 Belleville Ave.
CITY-ST-ZIP	BREWTON AL	2.4 CITY-ST-ZIP	Brewton, AL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, CHARLES C	3.2 NAME	
STREET ADDRESS	1000 W. MORENO STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32522-7500	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULFORD, RICHARD C	4.2 NAME	
STREET ADDRESS	1110 GULF BREEZE PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32562	4.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNINGTON, H.D.	5.2 NAME	Foster, Allen
STREET ADDRESS	221 S ALABAMA ST	5.3 STREET ADDRESS	702 Main St.
CITY-ST-ZIP	JAY FL	5.4 CITY-ST-ZIP	Opp, AL
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, ROBERT F JR	6.2 NAME	Jernigan, Robert F., Jr.
STREET ADDRESS	1613 NORTH MCKENZIE ST	6.3 STREET ADDRESS	1613 N. McKenzie St.
CITY-ST-ZIP	FOLEY AL	6.4 CITY-ST-ZIP	Foley, AL

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 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 Richard C. Fulford, President 1/14/98 (850)934-2100

CR2E034 (10/97)

**GULF COAST HEALTH COOPERATIVE**

1717 North "E" Street  
Pensacola, Florida 32501  
Telephone: (904) 934-2100

**DIRECTORS & OFFICERS  
1997-98**

\*\*\*\*\*

**CHAIRMAN\*/Director**

Phillip L. Parker, Administrator  
**D.W. McMillan Memorial Hospital**  
1301 Belleville Avenue  
Brewton, AL 36427  
(334) 867-8061

\*\*\*\*\*

**VICE CHAIRMAN\*/Director**

Bob Gowing, Administrator  
**Atmore Community Hospital**  
401 Medical Park Drive  
Atmore, AL 36504  
(334) 368-2500

**Jay Hospital**

221 S. Alabama Street  
Jay, FL 32565  
(904) 675-4532

\*\*\*\*\*

**SECRETARY TREASURER\*/Director**

Allen Foster, Administrator  
**Mizell Memorial Hospital**  
702 Main Street  
Opp, AL 36467  
(334) 493-9664

\*\*\*\*\*

\* = Executive Committee

\*\*\*\*\*

**MEMBER AT LARGE\*/Director**

Robert F. "Skip" Jernigan, Jr.,  
Administrator  
**South Baldwin Hospital**  
1613 North McKenzie Street  
Foley, AL 36535  
(334) 952-3400

\*\*\*\*\*

**MEMBER AT LARGE\*/Director**

John Shankle, Assistant Administrator  
**North Baldwin Hospital**  
1815 Hand Avenue  
Bay Minette, AL 36507  
(334) 937-5521

\*\*\*\*\*

**PRESIDENT\*/Director**

Richard C. Fulford, Administrator  
**Gulf Breeze Hospital**  
1110 Gulf Breeze Parkway  
Gulf Breeze, FL 32562  
(904) 934-2100

\*\*\*\*\*

**Director**

Charles C. Brannen,  
Associate Administrator  
**Baptist Hospital, Inc.**  
1000 W. Moreno Street  
Pensacola, FL 32522-7500  
(904) 434-4011

\*\*\*\*\*