

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 004 ***150.00

DOCUMENT # 858366

1. Corporation Name

GULF COAST HEALTH SYSTEMS, INC.

Principal Place of Business

1717 NORTH "E" STREET
SUITE 321
PENSACOLA FL 32505-6045

Mailing Address

1717 NORTH "E" STREET
SUITE 321
PENSACOLA FL 32505-6045

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1983

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

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 ☐ DELETE
NAME **VCD**
STREET ADDRESS **GOWING, ROBERT**
CITY-ST-ZIP **401 MEDICAL PARK DR.**
ATMORE AL 36504

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **PARKER, PHILLIP L**
CITY-ST-ZIP **1301 BELLEVILLE AVENUE**
BREWTON AL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BRANNEN, CHARLES C**
CITY-ST-ZIP **1000 W. MORENO STREET**
PENSACOLA FL 32522-7500

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Harriman, Robert**
3.4 CITY-ST-ZIP **1000 W. Moreno St.**
Pensacola, FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FULFORD, RICHARD C**
CITY-ST-ZIP **1110 GULF BREEZE PARKWAY**
GULF BREEZE FL 32562

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **FOSTER, ALLEN**
CITY-ST-ZIP **702 MAIN ST.**
OPP AL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JERNIGAN, ROBERT F JR**
CITY-ST-ZIP **1613 NORTH MCKENZIE ST**
FOLEY AL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Richard C. Fulford* **Richard C. Fulford, President 1/14/99 (850) 934-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

Doc # 858366

10196-90045-4

GULF COAST HEALTH COOPERATIVE

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

**DIRECTORS & OFFICERS
1998-99**

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
(850) 675-4532

SECRETARY TREASURER*/Director

Allen Foster, Administrator
Mizell Memorial Hospital
702 Main Street
Opp, AL 36467
(334) 493-3541

* = 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

Wilma Powell, 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
(850) 934-2100

Director

Robert Harriman,
Vice President Ambulatory Care
Baptist Hospital, Inc.
1000 W. Moreno Street
Pensacola, FL 32522-7500
(850) 469-7347
