2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 858366** Feb 05, 2000 8:00 am Secretary of State 1. Entity Name GULF COAST HEALTH SYSTEMS, INC. 02-05-2000 90037 007 ***150.00 Mailing Address Principal Place of Business 1717 NORTH "E" STREET 1717 NORTH "E" STREET SUITE 321 SUITE 321 LUU10334 PENSACOLA FL 32505-6045 PENSACOLA FL 32501-6339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2128685 Not Applic Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - . _ . _ - - -FULFORD, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 1110 GULF BREEZE PARKWAY **GULF BREEZE FL 32561** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS VCD ☐ Additio Change ☐ Delete TITLE TITLE CD GOWING, ROBERT GOWING, ROBERT NAME NAME 401 MEDICAL PARK DR. STREET ADDRESS STREET ADDRESS 401 MEDICAL PARK DR. ATMORE AL 36504 CITY-ST-7IP CITY-ST-ZIP <u> ATMORE, AL 36504</u> CD Additio. Change Oelete TITLE TITI F PARKER, PHILLIP L NAME NAME PARKER, PHILLIP L. 1301 BELLEVILLE AVENUE STREET ADDRESS STREET ADDRESS 1301 BELLEVILLE AVE. **BREWTON AL** CITY-ST-ZIP CITY-ST-ZIP BREWTON, AL ☐ Change ☐ Addition ☐ Delete TITLE TITLE HARRIMAN, ROBERT NAME NAME 1000 W. MORENO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32522-7500 CITY-ST-ZIP ☐ Change ☐ Additio ☐ Delete TITLE FULFORD, RICHARD C NAME NAME 1110 GULF BREEZE PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32562** Change Ch ☐ Additior Delete TITLE TITLE VCD FOSTER, ALLEN NAME FOSTER, ALLEN NAME 702 MAIN ST. STREET ADDRESS STREET ADDRESS 702 MAIN ST.

1613 N. MCKENZIE ST. CITY-ST-ZIP **FOLEY AL** CITY-ST-ZIP FOLEY, AL 13. Thereby certify that the information supplied with this filling 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OPP. AL

STD

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OPP AL

JERNIGAN, ROBERT F JR

1613 NORTH MCKENZIE ST

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

RICHARD C. FULFORD, PRESIDENT (850)934-2100

JERNIGAN, ROBERT F. JR.

Daytime Phone #

(Change

Additio