

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90258 027 ***150.00

DOCUMENT # 858366

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2128685**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
 NAME **GOWING, ROBERT**
 STREET ADDRESS **401 MEDICAL PARK DR.**
 CITY-ST-ZIP **ATMORE, AL 36504**

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

TITLE **STD** ☐ Change ☒ Addition
 NAME **FAULKNER, MARK**
 STREET ADDRESS **221 S. ALABAMA STREET**
 CITY-ST-ZIP **JAY, FL 32565**

TITLE **D** ☐ Delete
 NAME **HARRIMAN, ROBERT**
 STREET ADDRESS **1000 W. MORENO STREET**
 CITY-ST-ZIP **PENSACOLA FL 32522-7500**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **CD** ☒ Change ☐ Addition
 NAME **FOSTER, ALLEN**
 STREET ADDRESS **702 MAIN STREET**
 CITY-ST-ZIP **OPP, AL 36467**

TITLE **STD** ☒ Delete
 NAME **JERNIGAN, ROBERT F JR**
 STREET ADDRESS **1613 NORTH MCKENZIE ST**
 CITY-ST-ZIP **FOLEY AL**

TITLE **VCD** ☐ Change ☒ Addition
 NAME **STUART, WILMA**
 STREET ADDRESS **1815 HAND AVENUE**
 CITY-ST-ZIP **BAY MINETTE, AL 36507**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard C. Fulford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (10/00)