

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90055 047 ***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

4. FEI Number **59-2128685**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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, 2002 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 **D** ☐ Delete
 NAME **GOWING, ROBERT**
 STREET ADDRESS **401 MEDICAL PK DR**
 CITY-ST-ZIP **ATMORE AL 36504**

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **STD**
 STREET ADDRESS **Harriman, Robert**
 CITY-ST-ZIP **9400 University Parkway
 Pensacola, FL 32514**

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

TITLE ☐ Change ☒ Addition
 NAME **VCD**
 STREET ADDRESS **Faulkner, Mark**
 CITY-ST-ZIP **221 S. Alabama Street
 Jay, FL 32565**

TITLE **CD** ☐ Delete
 NAME **FOSTER, ALLEN**
 STREET ADDRESS **702 MAIN ST.**
 CITY-ST-ZIP **OPP AL 36467**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Foster, Allen**
 CITY-ST-ZIP **702 Main Street
 Opp, AL 36467**

TITLE **VCD** ☒ Delete
 NAME **STUART, WILMA**
 STREET ADDRESS **1815 HAND AVE**
 CITY-ST-ZIP **BAY MINETTE AL 36507**

TITLE ☐ Change ☒ Addition
 NAME **CD**
 STREET ADDRESS **Eads, John**
 CITY-ST-ZIP **1815 Hand Avenue
 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:

RS. DANA DINE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02
 Date

8509342100
 Daytime Phone #

CR2E034 (9/01)