

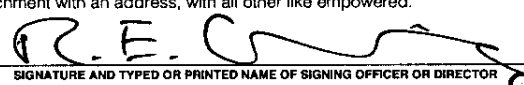


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90012 041 ***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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01232004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2128685	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FULFORD, RICHARD C 1110 GULF BREEZE PARKWAY GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOWING, ROBERT 401 MEDICAL PK DR ATMORE, AL 36504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARKER, PHILLIP L 1301 BELLEVILLE AVENUE BREWTON, AL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Parker, Phillip L 1301 Belleville Avenue Brewton, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete HARRIMAN, ROBERT 9400 UNIVERSITY PARKWAY PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harriman, Robert 1000 W. Moreno Street Pensacola, FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete FULFORD, RICHARD C 1110 GULF BREEZE PARKWAY GULF BREEZE, FL 32562		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fulford, Richard C 1110 Gulf Breeze Parkway Gulf Breeze, FL 32562	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FOSTER, ALLEN 702 MAIN ST. OPP, AL 36467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eads, John 1815 Hand Avenue Bay Minette, AL 36507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input type="checkbox"/> Delete FAULKNER, MARK 221 S. ALABAMA STREET JAY, FL 32565		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Faulkner, Mark 221 S. Alabama Street Jay, FL 32565	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1-25-04 1-251-368-6362		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		