

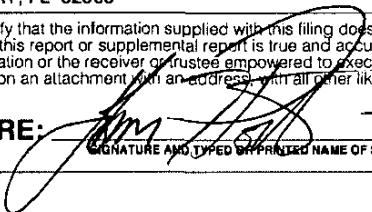


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90204 025 ***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. City & State Zip Country		3. Mailing Address 1717 N. "E" St. Ste. 321, Attn. J. Kehoe Suite, Apt. #, etc. City & State Pensacola, FL Zip Country		40070410 	
4. FEI Number 59-2128685				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOWING, ROBERT 401 MEDICAL PK DR ATMORE, AL 36504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARKER, PHILLIP L 1301 BELLEVILLE AVENUE BREWTON, AL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HARRIMAN, ROBERT 1000 W MORENO STREET PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULFORD, RICHARD C 1110 GULF BREEZE PARKWAY GULF BREEZE, FL 32562	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EADS, JOHN 1815 HAND AVENUE BAY MINETTE, AL 36507	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FAULKNER, MARK 221 S. ALABAMA STREET JAY, FL 32565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Porter, John 1717 N. "E" St. Ste. 320 Pensacola, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Faulkner, Mark 1000 W. MORENO PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hutchins, Mike 221 S. ALABAMA ST. JAY, FL 32565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  John Porter 4/14/05 850/469-2339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					