


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J33128 (6) 1. Corporation Name GULF COAST HEALTH TECHNOLOGIES, INC.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1000 W. MORENO STREET PENSACOLA FL 32501		Mailing Address 1000 W. MORENO STREET PENSACOLA FL 32501		3. Date Incorporated or Qualified 09/15/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 59-2728974 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FULFORD, RICHARD C. GULF COAST HEALTH TECHNOLOGIES, INC 1000 W MORENO STREET PENSACOLA FL 32501				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, WAYNE 1000 MAR WALT DR FT WALTON BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D Schlenker, Patrick A. 5151 N. 9th Ave. Pensacola, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHLENKER, PATRICK A 5151 N 9TH AVE PENSACOLA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/D Brannen, Charles 1000 W. Moreno St. Pensacola, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANNEN, CHARLES 1000 W MORENO ST PENSACOLA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D Brandt, Steve 8383 N. Davis Hwy Pensacola, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANDT, STEVE 8386 NORTH DAVIS HWY PENSACOLA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D Campbell, Wayne 1000 Mar Walt Dr. Ft. Walton Beach, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard C. Fulford Project Manager 1/14/98 (850) 934-2100

CR2E034 (10/97)

GULF COAST HEALTH TECHNOLOGIES
DIRECTORS AND OFFICERS
1997-1998

Mr. Patrick A. Schlenker
GCHT President /Director
Sr. Vice President Operations
Sacred Heart Hospital
P.O. Box 2700
Pensacola, FL 32513-2700
TELEPHONE: (904) 474-7022
FAX: (904) 474-6119

Mr. Steve Brandt
GCHT Secretary/Director
Administrator,
Columbia West Florida Regional Medical Center
8383 North Davis Highway
Pensacola, FL 32514
TELEPHONE: (904) 494-4100
FAX: (904) 494-4141

Mr. Charles Brannen
GCHT Vice President/Director
Vice President Operations,
Baptist Hospital
P.O. Box 17500
Pensacola, FL 32522-7500
TELEPHONE: (904) 469-2313
FAX: (904) 469-2307

Mr. Wayne Campbell
GCHT Treasurer/Director
Administrator,
Columbia Ft. Walton Beach Medical Center
1000 Mar Walt Drive
Ft. Walton Beach, FL 32548
TELEPHONE: (904) 863-7501
FAX: (904) 862-9149

Mr. Robert Young
GCHT Assistant Treasurer
Chief Operating Officer
Columbia West Florida Reg. Med. Ctr.
8383 North Davis Highway
Pensacola, FL 32514
TELEPHONE: (904) 494-4125
FAX: (904) 494-4022

Mr. Mike Myers
GCHT Assistant Treasurer
Sr. Vice President Finance
Sacred Heart Hospital
P.O. Box 2700
Pensacola, FL 32513-2700
TELEPHONE: (904) 474-7021
FAX: (904) 474-6119

Mr. Richard C. Fulford
GCHT Project Manager
Vice President/Baptist Health Care
P.O. Box 159
Gulf Breeze, FL 32562
TELEPHONE: (904) 934-2100
FAX: (904) 934-2396

Mr. Richard Haushalter
GCHT Accounting
Baptist Health Care
P.O. Box 17500
Pensacola, Florida 32522-7500
TELEPHONE: (904) 434-4889
FAX: (904) 469-2416