

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 045 ***150.00

DOCUMENT # J33128

1. Corporation Name

GULF COAST HEALTH TECHNOLOGIES, INC.



Principal Place of Business
**1000 W. MORENO STREET
PENSACOLA FL 32501**

Mailing Address
**1000 W. MORENO STREET
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1986

4. FEI Number

59-2728974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **CAMPBELL, WAYNE**
STREET ADDRESS **1000 MAR WALT DR**
CITY-ST-ZIP **FT WALTON BEACH FL**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Campbell, Wayne**
1.3 STREET ADDRESS **1000 Mar Walt Drive**
1.4 CITY-ST-ZIP **Ft. Walton Beach, FL**

TITLE **PD** ☐ DELETE
NAME **SCHLENKER, PATRICK A**
STREET ADDRESS **5151 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Schlenker, Patrick A.**
2.3 STREET ADDRESS **5151 N. 9th Avenue**
2.4 CITY-ST-ZIP **Pensacola, FL**

TITLE **VPD** ☒ DELETE
NAME **BRANNEN, CHARLES**
STREET ADDRESS **1000 W MORENO ST**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE **PD** ☐ Change ☒ Addition
3.2 NAME **Robert Harriman**
3.3 STREET ADDRESS **1000 W. Moreno St.**
3.4 CITY-ST-ZIP **Pensacola, FL**

TITLE **SD** ☐ DELETE
NAME **BRANDT, STEVE**
STREET ADDRESS **8386 NORTH DAVIS HWY**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE **VPD** ☒ Change ☐ Addition
4.2 NAME **Brandt, Steve**
4.3 STREET ADDRESS **8386 North Davis Hwy**
4.4 CITY-ST-ZIP **Pensacola, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Richard C. Fulford** SIGNATURE **Richard C. Fulford**, Project Manager 1/14/99 (850)934-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

DOC#

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Secretary of State

GULF COAST HEALTH TECHNOLOGY
DIRECTORS AND OFFICERS
1998-1999

02-23-1999 90046 045 ***150.00

GCHT President /Director

Mr. Robert Harriman
Vice President Ambulatory Care, Baptist Hospital
Administrator, Baptist Medical Park
P.O. Box 17500
Pensacola, FL 32522-7500
TELEPHONE: (850) 469-7347
FAX: (850) 469-2266

GCHT Secretary/Director

Mr. Wayne Campbell
Administrator,
Columbia Ft. Walton Beach Medical Center
1000 Mar Walt Drive
Ft. Walton Beach, FL 32548
TELEPHONE: (850) 863-7501
FAX: (850) 862-9149

GCHT Vice President/Director

Mr. Steve Brandt
Administrator, Columbia West Florida Regional
Medical Center
8383 North Davis Highway
Pensacola, FL 32514
TELEPHONE: (850) 494-4100
FAX: (850) 494-4141

GCHT Treasurer/Director

Mr. Patrick A. Schlenker
Sr. Vice President Operations
Sacred Heart Hospital
P.O. Box 2700
Pensacola, FL 32513-2700
TELEPHONE: (850) 416-7023
FAX: (850) 416-6119

GCHT Assistant Treasurer

Mr. Robert Young
Chief Operating Officer
Columbia West Florida Reg. Med. Ctr.
8383 North Davis Highway
Pensacola, FL 32514
TELEPHONE: (850) 494-4125
FAX: (850) 494-4022

GCHT Assistant Treasurer

Mr. Mike Myers
Sr. Vice President Finance
Sacred Heart Hospital
P.O. Box 2700
Pensacola, FL 32513-2700
TELEPHONE: (850) 474-7021
FAX: (850) 474-6119

GCHT Project Manager

Mr. Richard C. Fulford
Vice President/Baptist Health Care
P.O. Box 159
Gulf Breeze, FL 32562
TELEPHONE: (850) 934-2100
FAX: (850) 934-2069

GCHT Accounting

Mr. Richard Haushalter
Baptist Health Care
P.O. Box 17500
Pensacola, Florida 32522-7500
TELEPHONE: (850) 434-4889
FAX: (850) 469-2416

(effective 9/10/98)

9/98