FILED
Jun 16, 2003 8:00 am
Secretary of State
05-16-2003 90175 002 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

59008701

DOCUMENT # N00000008173

1. Entity Name
PANHANDLE ALL CARE SERVICES, INC.

Principal Place of Business	Mailing Address
3281 VALLEY OAK DR. MARIANNA FL 32447	P.O. BOX 313 MARIANNA FL 32447

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3686473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITTMAN, HAZEL E 3281 VALLEY OAK DR. MARIANNA FL 32447	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOHNSON, NORTHANNER 2175 MAGNOLIA DR. COTTONDALE FL 32431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Beechem, Johnnie 1935 Jacob Road Cottondale, FL 32431 D ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WATTS, RUBBIE M PO BOX 823, 4280 SAINT ANDREW ST. MARIANNE FL 32447 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HALL, GEORGE 2226 BETHUME CT COTTONDALE FL 32431 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 617, 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: Hazel E. Pittman 5-13-03 850-482-5335
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OFFICER OR DIRECTOR — Date — Daytime Phone #
Rubbie M. Watts, President

Attachment 550487701 [redacted]
#N00000081 73

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 28, 2003

PANHANDLE ALL CARE SERVICES, INC.
P.O. BOX 313
MARIANNA, FL 32447

Subject: **PANHANDLE ALL CARE SERVICES, INC.**

Reference Number: **N00000008173**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AB
ANNUAL REPORTS SECTION

6/3/03 Attached Please find the Copy you returned Signed by the President. These Three People also Serve As The Board of Directors for PANhandle All Care Services, Inc.