

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11578 (4)
1. Corporation Name
COASTAL HEALTH SYSTEMS, INC.

Principal Place of Business Mailing Address
PO BOX 1815 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1985	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2603541	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BRYANT, ROWLETT W.
833 HARRISON AVE.
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	BRUCE, WILLIAM	1.1 TITLE D	Rush Akin, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	520 N MCARTHUR AVE	1.2 NAME	304 W. 23rd St.
STREET ADDRESS	PANAMA CITY FL 32401	1.3 STREET ADDRESS	Panama City FL 32405
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE V	STROHMENGER, JAMES	2.1 TITLE V	James Strohmenger, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 10700 N/A	2.2 NAME	527 North Palo Alto Ave
STREET ADDRESS	PANAMA CITY FL 32402	2.3 STREET ADDRESS	Panama City FL 32401
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE TS	JOSTEN, BRUCE	3.1 TITLE D	Peter Imber, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2822 STATE AVE	3.2 NAME	No. 3 miracle strip Loop
STREET ADDRESS	PANAMA CITY FL	3.3 STREET ADDRESS	Panama City FL 32407
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	EBED, SAMIR	4.1 TITLE D	Mark Williams, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1018 HARRISON AVE	4.2 NAME	2428 Jenks Ave.
STREET ADDRESS	PANAMA CITY FL	4.3 STREET ADDRESS	Panama City FL 32405
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	HUNT, PAUL	5.1 TITLE	
NAME	2624 JENKS AVE S-B	5.2 NAME	
STREET ADDRESS	PANAMA CITY FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	WOLF, MARK	6.1 TITLE	
NAME	2250 JENKS AVE	6.2 NAME	
STREET ADDRESS	PANAMA CITY FL 32405	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 117, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **BRUCE JOSTEN DO.** 4/27/95 **(904) 781-3621**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date (Day/Mo/Yr)