## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 27, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N40685 04-27-2005 90308 032 \*\*\*\*61.25 GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND, INC. Principal Place of Business Mailing Address 449 W. 23RD ST PO BOX 15309 PANAMA CITY, FL 32405 PANAMA CITY, FL 32406 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2171911 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILSON, RICHARD MD aniel C. Daube, M.D Street Address (P.O. Box Number is Not Acceptable) 449 W. 23RD ST PANAMA CITY, FL 32405 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent Daniel C. Doube m Signature, typed or printed name of registered agent and title it applicable. 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delcte TITLE ☐ Addition Henry Breland, M.D. MORROW, GREGORY MD NAME NAME 449 W 23RD ST STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 32405 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Daniel Daube, m.D. RAHIM, YAHIA MD NAME NAME 449 W 23RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BRINKLEY, AVERY MD NAME STREET ADDRESS 449 W 23RD ST STREET ADDRESS PANAMA CITY, FL 32405 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME AGARWAL, RAVI NAME mohammed Rahim, M.D. STREET ADDRESS 449 W 23RD ST STREET ADDRESS CITY-ST-ZIF PANAMA CITY, FL 32405 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition HITT, WARREN NAME NAME Douglas Stringer, M.D. STREET ADDRESS 449 W 23RD ST STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP Delete **⊠** Change TITLE TITLE ☐ Addition NAME MALIK, AMER NAME Ismail Zabih, M.D.

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 expowered.

STREET ADDRESS

CITY-ST-ZIP

<u>Saniel C. Daube, M.D</u> SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S

STREET ADDRESS

449 W 23RD ST

PANAMA CITY, FL 32405