

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90025 014 ****61.25

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01232006 Chg-NP CR2E037 (11/05)

DOCUMENT # N40685 1. Entity Name GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND, INC.					
Principal Place of Business 449 W. 23RD ST PANAMA CITY, FL 32405 US			Mailing Address PO BOX 15309 PANAMA CITY, FL 32406 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAUBE, DANIEL C MD 449 W. 23RD ST PANAMA CITY, FL 32405			Name Debra S. Williams M.D. 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 <u><i>Debra Williams</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-23-2006</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BRELAND, HENRY MD 449 W 23RD ST PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramie, George D.O. 449 W. 23rd Street Panama City FL 32405
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUBE, DANIEL MD 449 W 23RD ST PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quang, Quang, M.D. Same address
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKLEY, AVERY MD 449 W 23RD ST PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tran, Quang, M.D. Same address
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHIM RAHIM, MOHAMMED MD 449 W 23RD ST PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Noble, Michael C, M.D. same address
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, DOUGLAS MD 449 W 23RD ST PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Presser, Gregory, M.D. Same address
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZABIH, ISMAIL 449 W 23RD ST PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Debra S, M.D. same address
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Debra Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1-23-2006</u> DAYTIME PHONE # <u>850-747-769</u>		