

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40685

FILED
Apr 21, 2008
Secretary of State

Entity Name: GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND, INC.

Current Principal Place of Business:

449 W. 23RD ST
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15309
PANAMA CITY, FL 32406 US

New Mailing Address:

FEI Number: 59-2171911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRINGER, DOUGLAS L M.D.
449 W. 23RD ST
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

RAMIE, GEORGE D.O.
449 W. 23RD ST
PANAMA CITY, FL 32405 US

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.

SIGNATURE: GEORGE RAMIE, D.O.

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRELAND, HENRY D.O.
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: TRAN, QUANG M
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: RAMIE, SCOTT L MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: FOUNTAIN, HELEN V MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: ZABIH, ISMAIL M MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: MAQUEIRA, JUSTO MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MADDOX, KARIN M.D.
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MALAMUD, FERNANDO MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change () Addition
Name: SIMPSON, SHAWN D.O.
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE RAMIE, D.O.

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date