

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40685

FILED  
Mar 21, 2009  
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:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MADDOX, KARIN M.D.  
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: MALAMUD, FERNANDO MD  
Address: 449 W 23RD ST  
City-St-Zip: PANAMA CITY, FL 32405

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D (X) Change ( ) Addition  
Name: TAYLOR, MICHAEL MD  
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:

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: WALLACE C. FRENCH

CPA

03/21/2009

Electronic Signature of Signing Officer or Director

Date