

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N40685

FILED
Dec 03, 2014
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:

P.O. BOX 15309
PANAMA CITY, FL 32406

FEI Number: 59-2171911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, MICHAEL MD
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: MICHAEL TAYLOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RAMOS, CARLOS MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

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

Title: D
Name: JENKINS, MICHAEL MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: MAKKI, ACHRAF MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: RAMSDEN, TIMOTHY MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

Title: ST
Name: BAIN, KIMBERLY MD
Address: 449 W 23RD ST
City-St-Zip: PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL TAYLOR

D

12/03/2014

Electronic Signature of Signing Officer or Director

Date