

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004750 (3)**

1. Corporation Name

PANHANDLE HEALTH SYSTEMS, INC.



Principal Place of Business TALLAHASSEE MEMORIAL REGIONAL MED. CENTER MAGNOLIA DRIVE & MICCOSUKEE ROAD TALLAHASSEE FL 32308	Mailing Address TALLAHASSEE MEMORIAL REGIONAL MED. CENTER MAGNOLIA DRIVE & MICCOSUKEE ROAD TALLAHASSEE FL 32308
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1996		3a. Date of Last Report NONE	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **NA**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE C	Y. DUNCAN MOORE Pres/CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			1.2 NAME	TMRMC			
STREET ADDRESS			1.3 STREET ADDRESS	MICCOSUKEE & MAGNOLIA DR.			
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Tallahassee, Fla 32308			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE P	Ronald V Wolff Pres/CEO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	Bay Medical Center			
STREET ADDRESS			2.3 STREET ADDRESS	615 N Bonita Ave			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Panama City, Fl. 32405			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE Set	Richard Wooten Admin	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	Jackson Hospital			
STREET ADDRESS			3.3 STREET ADDRESS	4250 Hospital DR.			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MARIANNA, FL. 32446			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE D	William J. Flynn MD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	2619-A West 23rd St.			
STREET ADDRESS			4.3 STREET ADDRESS	Panama City, Fla 32401			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE D	Bruce E Josten DO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	2622 Jenks Ave			
STREET ADDRESS			5.3 STREET ADDRESS	Panama City, Fl. 32401			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE D	GREGORY W TURNER MD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	4400 N W Highway 20			
STREET ADDRESS			6.3 STREET ADDRESS	Suite 410, Niceville, FL			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	32578			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)