

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90045 017 \*\*\*\*61.25

**DOCUMENT # N97000005570**

1. Corporation Name

**PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.**

Principal Place of Business  
**1360 BRICKYARD ROAD  
CHIPLEY FL 32428**

Mailing Address  
**1360 BRICKYARD ROAD  
CHIPLEY FL 32428**



2. Principal Place of Business

**21 2954 A Penn Avenue**

Suite, Apt. #, etc.

**22**

City & State  
**Marianna, Fl.**

Zip Country  
**24 32448 25 USA**

2a. Mailing Address

**26 2954 A Penn Avenue**

Suite, Apt. #, etc.

**27**

City & State  
**Marianna, Fl.**

Zip Country  
**29 32448 30 USA**

3. Date Incorporated or Qualified

**10/01/1997**

4. FEI Number

**APPLIED FOR**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

**MASON, STEPHEN D  
1360 BRICKYARD ROAD  
CHIPLEY FL 32428**

10. Name and Address of New Registered Agent

**81 Name  
Cindy Mathis  
82 Street Address (P.O. Box Number is Not Acceptable)  
2954 A Penn Avenue  
83  
84 City  
Marianna FL 85 Zip Code  
32448**

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

*Cindy Mathis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWEN, ROBERT-REGION'S BANK</b>	
STREET ADDRESS	<b>402 N. WAUKESHA STREET</b>	
CITY-ST-ZIP	<b>BONIFAY FL 32425</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAKE, MIKE-CENTENNIAL HEALTH CARE</b>	
STREET ADDRESS	<b>400 PERIMETER CENTER TERRACE, SUITE 650</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30346</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, STEVE</b>	
STREET ADDRESS	<b>1360 BRICKYARD ROAD</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TANTON, MELBA</b>	
STREET ADDRESS	<b>5378 CHERRY STREET</b>	
CITY-ST-ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHIPKEY, NEIL-CAMPBELLTON-GRACEVILLE HOSP</b>	
STREET ADDRESS	<b>5429 COLLEGE DRIVE</b>	
CITY-ST-ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, ALBERT</b>	
STREET ADDRESS	<b>1360 BRICKYARD ROAD</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Schlenker, Pat</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Schiros, Judy</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Hall, John</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*Cindy Mathis* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/30/99 (850) 482-9088**

Daytime Phone #

CR2E037 (11/98)

0010320

545549-90045-1A  
N97000005570

List of Other Directors Not Listed:

D

Mannich, H.  
1420 Hospital Drive  
Marianna, Fl. 32446

D

Burnham, Ben  
424 Burns Avenue  
Blountstown, Fl. 32424

D

Stadsklev, Thomas  
2187 Stadsklev Road  
Marianna, Fl. 32448

D

Clemmons, James, MD  
Chipley, Fl. 32428

D

Larson, Dale  
Doctor's Memorial Hospital  
Bonifay, Fl. 32425

D

Sills, Gail  
1420 Hospital Drive  
Marianna, Fl. 32446

D

Paris, David  
George E. Weems Memorial Hospital  
Apalachicola, Fl. 32320