

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005570

1. Entity Name

PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90482 028 ****70.00

Principal Place of Business

Mailing Address

2954-A PENN AVE
 MARIANNA FL 32448

2954-A PENN AVE
 MARIANNA FL 32448-2700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number 59-3579413
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
 Would like non-profit status cert

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHIS, CINDY
 2954-A PENN AVE
 MARIANNA FL 32448

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BOWEN, ROBERT-REGION'S BANK**
 STREET ADDRESS **402 N. WAUKESHA STREET**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE **CD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LAKE, MIKE-CENTENNIAL HEALTH CARE**
 STREET ADDRESS **400 PERIMETER CENTER TERRACE, SUITE 650**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **D** ☐ Change ☒ Addition
 NAME **West, John - Jackson Hospital**
 STREET ADDRESS **4250 Hospital Drive**
 CITY-ST-ZIP **Marianna, FL 32446**

TITLE **D** ☒ Delete
 NAME **SCHLENKER, PAT**
 STREET ADDRESS **1360 BRICKYARD ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **D** ☐ Change ☒ Addition
 NAME **Burnham, Ben - Calhoun-Liberty Hospital**
 STREET ADDRESS **424 Burns Avenue**
 CITY-ST-ZIP **Blountstown FL 32424**

TITLE **D** ☐ Delete
 NAME **TANTON, MELBA**
 STREET ADDRESS **5378 CHERRY STREET**
 CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SCHIRO, JUDY**
 STREET ADDRESS **5429 COLLEGE DRIVE**
 CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **HALL, JOHN**
 STREET ADDRESS **1360 BRICKYARD ROAD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **D** ☐ Change ☒ Addition
 NAME **Gay, Joseph MD**
 STREET ADDRESS **3025 6th Street**
 CITY-ST-ZIP **Marianna FL 32446**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00 850-660-2189
 LUCIA MAXWELL
 EXEC DIRECTOR

CR2E037 (9/99)