

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005570

1. Entity Name

PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.

FILED

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90258 018 ****70.00

Principal Place of Business

Mailing Address

2954-A PENN AVE
MARIANNA FL 32448

2954-A PENN AVE
MARIANNA FL 32448

2. Principal Place of Business
2863 Green Street

3. Mailing Address
2863 Green Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2B

Suite 2B

City & State

City & State

Marianna, FL

Marianna, FL

Zip

Country

Zip

Country

32448

USA

32448

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579413

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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
Saun, Heather

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

2863 Green Suite 2B

Marianna, FL 32448

City

Marianna

FL

Zip Code
32448

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

TITLE D ☐ Delete
NAME WEST, JOHN
STREET ADDRESS P O BOX 1608
CITY-ST-ZIP MARIANNA FL 32447

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

TITLE D ☐ Delete
NAME SCHIROS, JUDY
STREET ADDRESS 1360 BRICKYARD ROAD
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE D ☐ Delete
NAME BURNHAM, BEN
STREET ADDRESS 424 BURNS AVENUE
CITY-ST-ZIP BLOUNTSTOWN FL 32424

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

TITLE D ☐ Delete
NAME MITCHELL, LAURA
STREET ADDRESS 5429 COLLEGE DRIVE
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE ☒ Change ☐ Addition
NAME Long, William
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARREN, TERRI
STREET ADDRESS 401 E BYRD AVENUE
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☒ Change ☐ Addition
NAME Winkler, Robert
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E037 (9/01)