

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90357 032 \*\*\*\*70.00

**DOCUMENT # N97000005570**

1. Entity Name

**PANHANDLE HOSPITAL SERVICES COOPERATIVE, INC.**



Principal Place of Business

**2863 GREEN STREET  
SUITE 2B  
MARIANNA FL 32448**

Mailing Address

**2863 GREEN STREET  
SUITE 2B  
MARIANNA FL 32448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3579413**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SAUN, HEATHER  
2863 GREEN STREET  
MARIANNA FL 32448**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Heather Saun* **HEATHER SAUN, DEPUTY DIRECTOR**

**1-6-03**

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  
Florida Department of State**

10. 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>WEST, JOHN</b>	
STREET ADDRESS	<b>P O BOX 1608</b>	
CITY-ST-ZIP	<b>MARIANNA FL 32447</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHIRO, JUDY</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>BURNHAM, BEN</b>	
STREET ADDRESS	<b>424 BURNS AVENUE</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, WILLIAM</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>WINKLER, ROBERT</b>	
STREET ADDRESS	<b>401 E BYRD AVENUE</b>	
CITY-ST-ZIP	<b>BONIFAY FL 32425</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

*Heather Saun* **HEATHER SAUN, DEPUTY DIRECTOR**

**1-17-03**

**(850) 526-2201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)