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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000005217</b>					
1. Corporation Name <b>PANHANDLE MEDICAL SOCIETY, INC.</b>					
Principal Place of Business 123 S. ADAMS ST. TALLAHASSEE FL 32301			Mailing Address P.O. BOX 10269 TALLAHASSEE FL 32303		

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90006 012 \*\*\*\*66.25

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2. Principal Place of Business 21 <b>113 E. College Ave.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/14/1998</b>	
22 City & State <b>Tallahassee, FL</b>		27 City & State		4. FEI Number <b>237026262</b>	
23 Zip <b>32301</b>		28 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>32301</b>		29 <b>USA</b>		6. Election Campaign Financing <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>SCOTT, JEFFERY M</b> <b>123 S. ADAMS ST.</b> <b>TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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

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	<b>President</b>	1.1 TITLE	<b>D President</b>
NAME	<b>L. Tan</b>	1.2 NAME	<b>George Sanchez</b>
STREET ADDRESS	<b>4294 5th Ave</b>	1.3 STREET ADDRESS	<b>4238 Hospital Dr. Suite B</b>
CITY-ST-ZIP	<b>Marianna FL 32446</b>	1.4 CITY-ST-ZIP	<b>Marianna FL 32446</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D PRESIDENT ELECT</b>
NAME		2.2 NAME	<b>NIKEN ARUNAKUL</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4296 5th AVENUE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MARIANNA, FL 32446</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D VICE PRESIDENT</b>
NAME		3.2 NAME	<b>GLENN PADGETT</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4292 5th AVENUE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MARIANNA, FL 32446</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**GEORGE SANCHEZ**

8-16-99

Date

850 224-6496  
 Daytime Phone #

CR2E037 (5/99)