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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90166 022 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000006293**

1. Corporation Name

**PANHANDLE HEALTH SYSTEMS, INC.**

Principal Place of Business

2695 B JENKS AVENUE  
PANAMA CITY FL 32405

Mailing Address

2695 B JENKS AVENUE  
PANAMA CITY FL 32405



2. Principal Place of Business

21 2695 B Jenks Avenue

Suite, Apt. #, etc.

23 Panama City FL

Zip Country

24 32405 25 USA

2a. Mailing Address

26 PO Box 537

Suite, Apt. #, etc.

28 Lynn Haven FL

Zip Country

29 32444 30 USA

3. Date Incorporated or Qualified

11/04/1998

4. FEI Number

59-3556792

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME **D WOLFF, RONALD V**  
STREET ADDRESS **2695 B JENKS AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE  
NAME **D AKIN, RUSH E M.D.**  
STREET ADDRESS **2695 B JENKS AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE  
NAME **D JOSTEN, BRUCE E D.O.**  
STREET ADDRESS **2695 B JENKS AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE  
NAME **D TRAN, QUAN T M.D.**  
STREET ADDRESS **2695 B JENKS AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE  
NAME **D MILLER, R. DEREK**  
STREET ADDRESS **2695 B JENKS AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

850 742 6917

Daytime Phone #

CR2E037 (11/98)