

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P96000029608**

1. Corporation Name  
**PANHANDLE PHYSICIANS' HEALTH NETWORK, INC.**

Principal Place of Business  
**8800 UNIVERSITY PARKWAY  
BLDG. C, SUITE 3  
PENSACOLA FL 32514**

Mailing Address  
**8800 UNIVERSITY PARKWAY  
BLDG. C, SUITE 3  
PENSACOLA FL 32514**

APPROVED  
AND  
FILED

OCT 27 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

3. Date Incorporated or Qualified  
**04/03/1996**

4. FEI Number  
**APPLIED FOR 59-350-3265**

Applied Fee  
**SP**  
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**

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, JANICE**  
**8800 UNIVERSITY PARKWAY**  
**BUILDING C, SUITE 3**  
**PENSACOLA FL 32514**

81 Name **Karmit E. Housh**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8800 University PKWY. Bldg C ste 3**  
83  
84 City **Pensacola** FL 85 Zip Code **32514**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 **Janice Brown** and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE **Janice Brown** **Karmit E. Housh** **Administrator** **1/14/99**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **WHITE, M A JR**  
STREET ADDRESS **8333 NORTH DAVIS HIGHWAY**  
CITY-STATE-ZIP **PENSACOLA FL 32514**

1.1 TITLE **President** ☒ Change ☐ Addition  
1.2 NAME **M.A. White**  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE  
NAME **RIGGENBACH, ROGER**  
STREET ADDRESS **1005 MAR-WALT DRIVE**  
CITY-STATE-ZIP **FT. WALTON BEACH FL 32547**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE  
NAME **PETERSON, CRAIG**  
STREET ADDRESS **8333 NORTH DAVIS HIGHWAY**  
CITY-STATE-ZIP **PENSACOLA FL 32514**

3.1 TITLE **Vice President** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE  
NAME **OLEKSYK, MICHAEL**  
STREET ADDRESS **8333 NORTH DAVIS HIGHWAY**  
CITY-STATE-ZIP **PENSACOLA FL 32514**

4.1 TITLE **Secretary/Treasurer** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE  
NAME **ROGERS, ROBERT L**  
STREET ADDRESS **1005 MAR-WALT DRIVE**  
CITY-STATE-ZIP **FT. WALTON BEACH FL 32547**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE  
NAME **RIGBY, DOUG**  
STREET ADDRESS **1005 MAR-WALT DRIVE**  
CITY-STATE-ZIP **FT. WALTON BEACH FL 32547**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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

1/14/99 630-473-9600  
Date Daytime Phone #

013065

CR2E034 (5/99)