

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000021072 (0)

1. Corporation Name  
**EMERALD COAST HEALTH ALLIANCE, INC.**



Principal Place of Business: 955 MAR-WALT DR FT WALTON BEACH FL 32547  
Mailing Address: 955 MAR-WALT DR FT WALTON BEACH FL 32547

3. Date Incorporated or Qualified: 03/14/1995  
3a. Date of Last Report  
4. FEI Number: 593304545  
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  
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes:  Yes  No

2. Principal Place of Business: 21 928 MAR-WALT Drive, Suite, Apt #, etc: 22 Suite D, City & State: 23 Ft. Walton Beach, FL, Zip: 24 32547, Country: 25 OKALOOSA  
2a. Mailing Address: 26 PO Box 3064, Suite, Apt #, etc: 27, City & State: 28 Ft. Walton Beach, FL, Zip: 29 32549, Country: 30 OKALOOSA

9. Name and Address of Current Registered Agent  
GRAMM, SUZETTE  
955 MAR-WALT DR  
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Print name of registered agent and title if applicable) (If not Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, WILLIAM R	12 NAME	
STREET ADDRESS	928 MAR-WALT DR	13 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, SANDRA L	22 NAME	HANSON, Sandra L
STREET ADDRESS	928 MAR-WALT DR	23 STREET ADDRESS	419-B Racetrack Rd.
CITY-ST-ZIP	FT WALTON BEACH FL 32547	24 CITY-ST-ZIP	Ft. Walton Beach, FL 32547
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPPELL, SAMUEL E	32 NAME	
STREET ADDRESS	911-A MAR-WALT DR	33 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, MING	42 NAME	
STREET ADDRESS	918 MAR-WALT DR	43 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMM, SUZETTE	52 NAME	
STREET ADDRESS	955 MAR-WALT DR	53 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN, FRANK	62 NAME	
STREET ADDRESS	102 WOODMONT BLVD SUITE 610	63 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	64 CITY-ST-ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HANSON, Sandra L
23 STREET ADDRESS	419-B Racetrack Rd.
24 CITY-ST-ZIP	Ft. Walton Beach, FL 32547
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William Marshall 7/24/96 904.822-8909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY: PHONE #

CR2E034 (3/96)