

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000021072 (0)
1. Corporation Name
EMERALD COAST HEALTH ALLIANCE, INC.



Principal Place of Business: **928E MAR-WALT DRIVE SUITE 202 FT. WALTON BEACH FL 32547 US**

Mailing Address: **P.O. BOX 3064 FT WALTON BEACH FL 32549 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. Suite, Apt. #, etc: **928E Mar-Walt Dr #202**

22. City & State: **Ft Walton Beach FL 32547**

23. Zip: **32547** Country: **US**

3. Date Incorporated or Qualified: **03/14/1995**

4. FEI Number: **59-3304545**

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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

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: **Lee Ettinger, Director**

82. Street Address (P.O. Box Number is Not Acceptable): **914-C Mar-Walt Dr**

83. City: **Ft Walton Beach FL 32547**

84. City: **FL** 85. Zip Code: **32547**

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: *[Signature]* DATE: **4-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Lee Ettinger, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, WILLIAM R	1.2 NAME	914-C Mar-Walt Dr
STREET ADDRESS	928 MAR-WALT DR	1.3 STREET ADDRESS	Ft Walton Beach FL 32547
CITY-ST-ZIP	FT WALTON BEACH FL 32547	1.4 CITY-ST-ZIP	FL 32547
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Anthony DeCotis, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUENTZEL, SUSAN	2.2 NAME	131 NW Beal Pkwy
STREET ADDRESS	930-A MAR WALT DRIVE	2.3 STREET ADDRESS	Ft Walton Beach FL 32547
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	FL 32547
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Mauri Lunderman, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPELL, SAMUEL E	3.2 NAME	930 Mar-Walt Dr. Suite D
STREET ADDRESS	911-A MAR-WALT DR	3.3 STREET ADDRESS	Ft Walton Beach FL 32547
CITY-ST-ZIP	FT WALTON BEACH FL 32547	3.4 CITY-ST-ZIP	FL 32547
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Donald Hamilton Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANG, MING	4.2 NAME	928-B Mar-Walt Dr
STREET ADDRESS	918 MAR-WALT DR	4.3 STREET ADDRESS	Ft Walton Beach FL 32547
CITY-ST-ZIP	FT WALTON BEACH FL 32547	4.4 CITY-ST-ZIP	FL 32547
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Dale Johns, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAMM, SUZETTE	5.2 NAME	928-E mar-Walt Dr. #101
STREET ADDRESS	955 MAR-WALT DR	5.3 STREET ADDRESS	Ft Walton Beach, FL 32547
CITY-ST-ZIP	FT WALTON BEACH FL 32547	5.4 CITY-ST-ZIP	FL 32547
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Steven Donchey, Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABERNATHY, WILLIAM	6.2 NAME	151 Mary Esther Blvd
STREET ADDRESS	4400 EAST HIGHWAY 20 SUITE 203	6.3 STREET ADDRESS	Mary Esther, FL 32569
CITY-ST-ZIP	NICEVILLE FL 32578	6.4 CITY-ST-ZIP	FL 32569

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 a 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 only in attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-8-98** (850)862-8904

CR2E034 (10/97)