


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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90030 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021072

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 928 E MAR WALT DR #202 FT WALTON BEACH FL 32547 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number
59-3304545

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GRAMM, SUZETTE
995 MAR WALT DRIVE
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name
JOANNE MARTUCCI EXECUTIVE DIRECTOR

82 Street Address (P.O. Box Number is Not Acceptable)
928E MAR-WALD DR. #202

83 **FT. WALTON BEACH**

84 City *Joanne Martucci* **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ETTINGER, LEE		1.2 NAME WILLIAM MARSHALL, M.D.	
STREET ADDRESS 914 C MAR WALT DR		1.3 STREET ADDRESS 928D MAR-WALT DR.	
CITY-ST-ZIP FT WALTON BEACH FL 32547		1.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DECOTIS, ANTHONY		2.2 NAME GARRY BANKS	
STREET ADDRESS 131 N W BEAL PKWY		2.3 STREET ADDRESS 550 C TWIN CITIES BLVD.	
CITY-ST-ZIP FT WALTON BEACH FL 32547		2.4 CITY-ST-ZIP NICEVILLE, FL 32578	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUNDERMAN, MAURI		3.2 NAME SANDRA HANSON, M.D.	
STREET ADDRESS 930 MAR WALT DR STE D		3.3 STREET ADDRESS 419A RACETRACK RD.	
CITY-ST-ZIP FT WALTON BEACH FL 32547		3.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMILTON, DONALD		4.2 NAME RODNEY POWELL, M.D.	
STREET ADDRESS 928 B MAR WALT DR		4.3 STREET ADDRESS 965 MAR-WALT DR.	
CITY-ST-ZIP FT WALTON BCH FL 32547		4.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNS, DALE		5.2 NAME SUZETTE GRAMM, R.N.	
STREET ADDRESS 928 E MAR WALT DR #101		5.3 STREET ADDRESS 995 MAR-WALT DR.	
CITY-ST-ZIP FT WALTON BEACH FL 32547		5.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME DONCHEY, STEVEN		6.2 NAME	
STREET ADDRESS 151 MARY ESTHER BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP MARY ESTHER FL 32569		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 607, 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: *Walter R. ...* 3/26/99 857-162-8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2F034 (11/98)