

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90439 030 \*\*\*150.00

0036361

**DOCUMENT # P95000021072**

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3304545**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTUCCI, JOANNE  
 928E- MAR WALT DR  
 #202  
 FT WALTON BEACH FL 32547**

Name  
**Jacki Taylor**  
 Street Address (P.O. Box Number is Not Acceptable)  
**928E Mar-Walt Dr.  
 #202**  
 City **Ft. Walton Beach FL** Zip Code **32547**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Jacki Taylor Jacki Taylor 3-9-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ETTINGER, LEE	914 C MAR WALT DR	FT WALTON BEACH FL 32547	<input type="checkbox"/>
D	BANKS, GARRY MD	1001 W COLLEGE	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
D	POWELL, RODNEY M.D.	965 MAR WALT DR	FT WALTON BEACH FL 32547	<input type="checkbox"/>
D	HANSON, SANDRA MD	419 A RACETRACK RD	FT WALTON BCH FL 32547	<input checked="" type="checkbox"/>
D	GRAYSON, CHARLES DO	100 A RESTONE AVE 550 W.	CRESTVIEW FL 32539	<input type="checkbox"/>
DP	ARROWSMITH, DAVID MD	921 MAR-WALT DR	FORT WALTON BEACH FL 32547	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	David Tesar, M.D.	907 Mar-Walt Dr. #2024	Ft. Walton Beach, FL 32547	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Charles McFatter, M.D.	215 Mountain Dr. #102	Destin, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Thomas Fox, D.O.	4400 Hwy 20 E #511	Niceville, FL 32578	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Samuel Budnyk, M.D.	928A Mar-Walt Dr.	Ft. Walton Beach, FL 32547	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Annah Carothers	995 Mar-Walt Dr., FWB,	FL 32547	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Donna Jenkins	928E Mar-Walt Dr. #203	Ft. Walton Beach, FL 32547	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/7/01 858 862-8904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)