


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90034 012 \*\*\*150.00

DOCUMENT # P95000021072 1. Entity Name EMERALD COAST HEALTH ALLIANCE, INC.	
--	---

Principal Place of Business 915A MAR-WALT DRIVE FT. WALTON BEACH, FL 32547 US	Mailing Address 915A MAR-WATT DR. FT WALTON BEACH, FL 32547 US
---	--

94030083



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3304545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JACKI  
 928E- MAR WALT DR  
 #202  
 FT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETTINGER, LEE 914 C MAR WALT DR FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFATTER, CHARLES M.D. 215 MOUNTAIN DRIVE #102 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, RODNEY M.D. 965 MAR WALT DR FT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESAR, DAVID M.D. 907 MAR-WALT DR. #2024 FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, CHARLES DO 550 W RESTONE AVENUE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARROWSMITH, DAVID MD <del>901 MAR WALT DR</del> 1703 Lewis Turner Blvd FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  David Arrowsmith, MD 3-9-04 850 862 8904

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

Attachment

# P95 000 21072J

Additional Directors of Emerald Coast Health Alliance #59-3304545

John Franklin, MD  
939 Racetrack Rd. #12  
Ft. Walton Beach, FL 32547

Lisa Judge, MD  
1001 W. College Blvd. #D  
Niceville, FL 32578