

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000021072

1. Entity Name  
EMERALD COAST HEALTH ALLIANCE, INC.



**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90393 008 \*\*\*150.00

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



2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

04122006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

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

TAYLOR, JACKI  
915 A MAR-WALT DR  
FT WALTON BEACH, FL 32547

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ETTINGER, LEE	
STREET ADDRESS	914 C MAR WALT DR	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCFATTER, CHARLES M.D.	
STREET ADDRESS	215 MOUNTAIN DRIVE #102	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, RODNEY M.D.	
STREET ADDRESS	965 MAR WALT DR	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TESAR, DAVID M.D.	
STREET ADDRESS	907 MAR-WALT DR. #2024	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAYSON, CHARLES DO	
STREET ADDRESS	550 W RESTONE AVENUE	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ARROWSMITH, DAVID MD	
STREET ADDRESS	1703 LEWIS TURNER BLVD.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, James	
STREET ADDRESS	26 NW Racetrack Rd	
CITY-ST-ZIP	Ft Walton Beach FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Hannum	
STREET ADDRESS	550 W. Redstone Ave #430	
CITY-ST-ZIP	Crestview FL 32599	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judge, Lisa	
STREET ADDRESS	1001 W. College Blvd #D	
CITY-ST-ZIP	Niceville FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *DeEttinger MD Secretary-Treasurer*

4-13-06 850-862-8904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #