

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021072

FILED
Apr 10, 2008
Secretary of State

Entity Name: EMERALD COAST HEALTH ALLIANCE, INC.

Current Principal Place of Business:

915A MAR-WALT DRIVE
FT. WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

915A MAR-WATT DR.
FT WALTON BEACH, FL 32547 US

New Mailing Address:

915A MAR-WALT DRIVE
FT. WALTON BEACH, FL 32547 US

FEI Number: 59-3304545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCFATTER, CHARLES MD
Address: 215 MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: POWELL, RODNEY M.D.
Address: 965 MAR WALT DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: JUDGE, LISA MD
Address: 1001 W COLLEGE BLVD. #D
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: ETTINGER, LEE MD
Address: 914 MAR WALT DRIVE SUITE C
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DP () Delete
Name: ARROWSMITH, DAVID MD
Address: 11 TENTH AVENUE
City-St-Zip: SHALIMAR, FL 32579

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ANASTASIO, PATRICK DO
Address: 917 MAR-WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ARROWSMITH

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date