

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000084565 (7)**

1. Corporation Name

EMERALD COAST MEDICAL CLINIC, INC.



Principal Place of Business: **C/O WILLIAM SCOTT FOSTER, 909 MAR WALT DRIVE, SUITE 1014, FORT WALTON BEACH FL 32547**

Mailing Address: **C/O WILLIAM SCOTT FOSTER, 909 MAR WALT DRIVE, SUITE 1014, FORT WALTON BEACH FL 32547**

3. Date Incorporated or Qualified: **11/02/1995** 3a. Date of Last Report: **NA**

4. FEI Number: _____ 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business: **5160 Hwy 98, Suite 17, Destin, FL 32541, USA**

2a. Mailing Address: **909 Mar Walt Drive, Suite 1014, Ft Walton Beach, FL 32547, USA**

21. Suite, Apt. #, etc.: **Suite 17**

22. City & State: **Destin, FL**

23. City & State: **Ft Walton Beach, FL**

24. Zip: **32541** 25. Country: **USA**

29. Zip: **32547** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **FOSTER, WILLIAM SCOTT, 909 MAR WALT DRIVE, SUITE 1014, FORT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

83. _____

84. City: _____ 85. Zip Code: **FL**

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 re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, WILLIAM M M.D.	1.2 NAME	
STREET ADDRESS	5160 HIGHWAY 98, SUITE 17	1.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, GARRY G M.D.	2.2 NAME	
STREET ADDRESS	5160 HIGHWAY 98, SUITE 17	2.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, W. MICHAEL M.D.	3.2 NAME	
STREET ADDRESS	5160 HIGHWAY 98, SUITE 17	3.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZENSTEIN, MARK J M.D.	4.2 NAME	
STREET ADDRESS	5160 HIGHWAY 98, SUITE 17	4.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAMOS, NICKOLAOS C M.D.	5.2 NAME	
STREET ADDRESS	5160 HIGHWAY 98, SUITE 17	5.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALIT, JOSEPH M.D.	6.2 NAME	
STREET ADDRESS	5160 HIGHWAY 98, SUITE 17	6.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William Abernathy* 3/27/96 904-672-9001

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

CR2E034 (12/95)