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**Jun 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000084565 (7)
1. Corporation Name
EMERALD COAST MEDICAL CLINIC, INC.



Principal Place of Business: 5100 HWY 98, SUITE 17, DESTIN FL 32541, US
Mailing Address: C/O WILLIAM SCOTT FOSTER, SUITE 1014, FT WALTON BEACH FL 32547, US

3. Date Incorporated or Qualified: 11/02/1995
3a. Date of Last Report: 03/28/1996
4. FEI Number: APPLIED FOR 59-3346460
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: 21 12272 Highway 98 West, Suite, Apt. #, etc. 22
2a. Mailing Address: 26 12272 Highway 98 West, Suite, Apt. #, etc. 27
City & State: 23 Destin FL 27
City & State: 28 Destin FL 27
Zip: 24 32541 Country: 25 USA 29 32541 Country: 30 USA

9. Name and Address of Current Registered Agent
FOSTER, WILLIAM SCOTT
809 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 FL 85 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, WILLIAM M M.D.	1.2 NAME	
STREET ADDRESS	5100 HIGHWAY 98, SUITE 17	1.3 STREET ADDRESS	12272 Highway 98 West
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, GARRY G M.D.	2.2 NAME	
STREET ADDRESS	5100 HIGHWAY 98, SUITE 17	2.3 STREET ADDRESS	12272 Highway 98 West
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, W. MICHAEL M.D.	3.2 NAME	
STREET ADDRESS	5100 HIGHWAY 98, SUITE 17	3.3 STREET ADDRESS	12272 Highway 98 West
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZENSTEIN, MARK J M.D.	4.2 NAME	
STREET ADDRESS	5100 HIGHWAY 98, SUITE 17	4.3 STREET ADDRESS	12272 Highway 98 West
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAMOS, NICKOLAOS C M.D.	5.2 NAME	
STREET ADDRESS	5100 HIGHWAY 98, SUITE 17	5.3 STREET ADDRESS	12272 Highway 98 West
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALIT, JOSEPH M.D.	6.2 NAME	
STREET ADDRESS	5100 HIGHWAY 98, SUITE 17	6.3 STREET ADDRESS	12272 Highway 98 West
CITY-ST-ZIP	DESTIN FL 32541	6.4 CITY-ST-ZIP	

14. I do 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 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: *[Handwritten Signature]* 6/12/97 904 897 0030

CR2E034 (9/96)