

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90083 004 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000084565**

1. Corporation Name  
**EMERALD COAST MEDICAL CLINIC, INC.**



Principal Place of Business 12272 HIGHWAY 98 WEST DESTIN FL 32541 US	Mailing Address 12272 HIGHWAY 98 WEST DESTIN FL 32541 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/02/1995</b>	
21		26		4. FEI Number <b>59-3346460</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, WILLIAM SCOTT**  
**909 MAR WALT DRIVE**  
**SUITE 1014**  
**FORT WALTON BEACH FL 32547**

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

14. 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 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, with all other like empowered.

CR2E034 (11/98)