

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084565

FILED
Jan 04, 2012
Secretary of State

Entity Name: EMERALD COAST MEDICAL CLINIC, INC.

Current Principal Place of Business:

552 TWIN CITIES BLVD
SUITE A
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

552 TWIN CITIES BLVD
SUITE A
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3346460 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEVIN M. HELMICH, P.A.
4405 COMMOMS DRIVE EAST, SUITE 102
DESTIN, FL 32541 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

OFFICERS AND DIRECTORS:

Title: PD
Name: HANEY, W. MICHAEL MD
Address: 550 TWIN CITIES BLVD, STE C
City-St-Zip: NICEVILLE, FL 32578

Title: VSTD
Name: BANKS, GARY G MD
Address: 552 TWIN CITIES BLVD, STE A
City-St-Zip: NICEVILLE, FL 32578 US

Title: D
Name: ABERNATHY, WILLIAM M MD
Address: 12272 HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL 32541

Title: D
Name: KATZENSTEIN, MARK J M.D.
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

Title: D
Name: MALAMOS, NICKOLAOS C M.D.
Address: 12272 HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL

Title: D
Name: SHALIT, JOSEPH M.D.
Address: 12272 HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL

I hereby 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 all other like empowered.

SIGNATURE: GARRY BANKS

VP

01/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date