

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90242 029 ***150.00

DOCUMENT # P98000021446

1. Entity Name

EMERALD HEALTHCARE GROUP, P.A.

Principal Place of Business

Mailing Address

**490 JAMES RIVER ROAD
 GULF BREEZE FL 32561**

**P.O. BOX 847
 GULF BREEZE FL 32562-0847
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3505536

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERGUSON, MICHAEL L ESQ.
 4300 BAYOU BOULEVARD
 SUITES 12 & 13
 PENSACOLA FL 32503**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DPC**
 STREET ADDRESS **MEADE, JOHN L M.D.**
 CITY-ST-ZIP **490 JAMES RIVER ROAD**
GULF BREEZE FL 32561

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DTS**
 STREET ADDRESS **WRIGHT, GARY D M.D.**
 CITY-ST-ZIP **21 LAGOON DR**
GULF SHORES AL 36542

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Meade

4/11/2000

3349673611

CR2E034 (9/99)