

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 07, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000021446**

1. Entity Name  
**EMERALD HEALTHCARE GROUP, P.A.**

Principal Place of Business 490 JAMES RIVER ROAD  GULF BREEZE FL 32561	Mailing Address P.O. BOX 847  GULF BREEZE US FL 325620847
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State

4. FEI Number  
**59-3505536**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FERGUSON MICHAEL LESQ.**  
**4300 BAYOU BOULEVARD**  
**SUITES 12 & 13**  
**PENSACOLA FL 32503**  
**US**

7. Name and Address of New Registered Agent

Name  
**FERGUSON MICHAEL LESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**4300 BAYOU BOULEVARD**

SUITE 13

City **PENSACOLA FL** Zip Code **32503**

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 \_\_\_\_\_ DATE **01/07/2001**

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

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS <b>WRIGHT GARY D.M.D.</b> <input type="checkbox"/> Delete <b>21 LAGOON DR</b> <b>GULF SHORES AL 36542</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC <b>MEADE JOHN L.M.D.</b> <input type="checkbox"/> Delete <b>490 JAMES RIVER ROAD</b> <b>GULF BREEZE FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** John L. Meade, MD **DPC** **01/07/2001**

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

CR2E034 (11/00)