

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021446

FILED
May 08, 2008
Secretary of State

Entity Name: EMERALD HEALTHCARE GROUP, P.A.

Current Principal Place of Business:

490 JAMES RIVER ROAD
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 847
GULF BREEZE, FL 325620847 US

New Mailing Address:

FEI Number: 59-3505536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADE, JOHN L MD .
490 JAMES RIVER ROAD
GULF BREEZE, FL 32561 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: MEADE, JOHN L M.D.
Address: 490 JAMES RIVER ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: DTS () Delete
Name: WRIGHT, GARY D M.D.
Address: 25937 RAVENWOOD CIRCLE
City-St-Zip: DAPHNE, AL 36526 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN L. MEADE, MD

DPC

05/08/2008

Electronic Signature of Signing Officer or Director

_____ Date