

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0067651 AV

DOCUMENT # P95000021072

1. Entity Name
EMERALD COAST HEALTH ALLIANCE, INC.

04-01-2002 90600 023 ***150.00

Principal Place of Business
**928E MAR-WALT DRIVE
SUITE 202
FT. WALTON BEACH FL 32547
US**

Mailing Address
**928 E MAR WALT DR #202
FT WALTON BEACH FL 32547
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3304545**

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

7. Name and Address of New Registered Agent

**TAYLOR, JACKI
928E- MAR WALT DR
#202
FT WALTON BEACH FL 32547**

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

David R. Anderson, President

3/19/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D ETTINGER, LEE 914 C MAR WALT DR FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFATTER, CHARLES M.D. 215 MOUNTAIN DRIVE #102 DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, RODNEY M.D. 965 MAR WALT DR FT WALTON BEACH FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDNYK, SAMUEL M.D. 928 A MAR-WALT DRIVE FT WALTON BCH FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, CHARLES DO 550 W RESTONE AVENUE CRESTVIEW FL 32539	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARROWSMITH, DAVID MD 921 MAR-WALT DR FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Tesar, M.D. 907 Mar-Walt Dr. #2024 Ft. Walton Beach FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Judge, M.D. 1001 W. College Blvd. Suite D Niceville FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Franklin. M.D. 339 Racetrack Fd. #12 Ft. Walton Beach, FL 32547	<input type="checkbox"/> Change <input checked="" 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

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:

Jacki Taylor, Executive Director

3-14-02 850-802-8904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)