


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90079 018 ***150.00

DOCUMENT # P95000021072 1. Entity Name EMERALD COAST HEALTH ALLIANCE, INC.					
Principal Place of Business 915A MAR-WALT DRIVE FT. WALTON BEACH, FL 32547 US			Mailing Address 915A MAR-WATT DR. FT WALTON BEACH, FL 32547 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03032005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3304545	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) <u>915A Mar-Walt Dr</u> City <u>Same</u> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Jacki Taylor, Exec. Director</u> <u>4-11-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hanson, Sandra 918 Mar-Walt Dr. Ft Walton Beach, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFATTER, CHARLES M.D. 215 MOUNTAIN DRIVE #102 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lisa Judge 1001 W. College Blvd Suite D Niceville, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, RODNEY M.D. 965 MAR WALT DR FT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESAR, DAVID M.D. 907 MAR-WALT DR. #2024 FORT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, CHARLES DO 550 W RESTONE AVENUE CRESTVIEW, FL 32539		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARROWSMITH, DAVID MD 1703 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David Arrowsmith, Pres.</u> <u>4-11-05</u> <u>850-862-8904</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					