

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769043

**Entity Name:** EMERALD COAST MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

2352 LIENBY AVENUE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2352 LIENBY AVENUE  
PANAMA CITY, FL 32405 US

**FEI Number:** 59-1717855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLAAT, MICHELLE  
2352 LIENBY AVENUE  
PANAMA CITY, FL 32405 US

*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

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name FLAAT, MICHELLE  
Address 2352 LIENBY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title TREASURER  
Name SUNSERI, JEREMY M.D.  
Address 2352 LIENBY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title PRESIDENT  
Name DAVIS, DON M.D.  
Address 2352 LIENBY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title VP  
Name FINKELSTEIN, STEVEN M.D.  
Address 2352 LIENBY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title SECRETARY  
Name PENNINGTON, TONI M.D.  
Address 2352 LIENBY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE FLAAT

**EXECUTIVE DIRECTOR**

**02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date