

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769043

Entity Name: EMERALD COAST MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

2408 LIENBY AVENUE
PANAMA CITY, FL 32405

Current Mailing Address:

2408 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
2408 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 EXDI
Name FLAAT, MICHELLE
Address 2408 LIENBY AVENUE
City-State-Zip: PANAMA CITY FL 32405

Title P
Name AKIN, RUSH E. M.D.
Address 304 W. 23RD ST.
City-State-Zip: PANAMA CITY FL 32405

Title PRESIDENT ELECT
Name ISAAC, PHILIP A. M.D.
Address 801 E 6TH ST.
SUITE 205
City-State-Zip: PANAMA CITY FL 32401

Title S
Name JONES, NORMAN A. M.D.
Address 2195 JENKS AVENUE
SUITE C
City-State-Zip: PANAMA CITY FL 32405

Title TREASURER
Name PENNINGTON, TONI M.D.
Address 103 E 23RD ST.
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

EXEC. DIRECTOR

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date