

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769043

Entity Name: EMERALD COAST MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**2352 LISENBY AVENUE
PANAMA CITY, FL 32405**Current Mailing Address:**2352 LISENBY 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 LISENBY 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 LISENBY AVENUE
City-State-Zip:	PANAMA CITY FL 32405

Title	TREASURER
Name	WOLF, SAMUEL D.O.
Address	2352 LISENBY AVENUE
City-State-Zip:	PANAMA CITY FL 32405

Title	PRESIDENT
Name	PYNE, JEFFREY D.O.
Address	2352 LISENBY AVENUE
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	NAZIR, KHURRAM M.D.
Address	2352 LISENBY AVENUE
City-State-Zip:	PANAMA CITY FL 32405

Title	SECRETARY
Name	PENNINGTON, TONI M.D.
Address	2352 LISENBY 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****03/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date