## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021072

Entity Name: EMERALD COAST HEALTH ALLIANCE, INC.

FILED
Jan 24, 2018
Secretary of State
CC6982667404

## **Current Principal Place of Business:**

915A MAR-WALT DRIVE FT. WALTON BEACH FL 32547

## **Current Mailing Address:**

915A MAR-WALT DRIVE

FT. WALTON BEACH FL 32547 US

FEI Number: 59-3304545 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLBERT, KASSANDRA L 915 A MAR-WALT DR

FT WALTON BEACH, FL 32547 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: KASSANDRA COLBERT 01/24/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title D

Name HRUBY, ROBERT MD Name JUDGE, LISA MD

Address 554 TWIN CITIES BLVD Address 552 TWIN CITIES BLVD

SUITE C SUITE C

City-State-Zip: NICEVILLE FL 32578 City-State-Zip: NICEVILLE FL 32578

Title D Title D

Name ETTINGER, LEE MD Name CHEN, LEO MD

Address 914 MAR WALT DRIVE SUITE C Address 339 RACETRACK RD SUITE 12
City-State-Zip: FORT WALTON BEACH FL 32547 City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR Title DIRECTOR

Name PURI, KAPIL MD Name SCHROEDER, MARK MD
Address 490 HWY 85 NORTH Address 1005 W COLLEGE BLVD

SUITE A SUITE C

City-State-Zip: NICEVILLE FL 32578 City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR Title DIRECTOR

NamePONDER, KENNETH MDNameBARNIV, CHARLES MDAddress4566 E. HWY. 20Address623 HARBOR SQUARE

SUITE 103 SUITE 2

City-State-Zip: NICEVILLE FL 32578 City-State-Zip: DESTIN FL 32541

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

SIGNATURE: LEE ETTINGER

Electronic Signature of Signing Officer/Director Detail

SECRETARY-TREASURER 01/24/2018

Date