

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000021072

**Entity Name:** EMERALD COAST HEALTH ALLIANCE, INC.

**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  
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

02/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HRUBY, ROBERT MD  
Address 554 TWIN CITIES BLVD  
SUITE C  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name JUDGE, LISA MD  
Address 552 TWIN CITIES BLVD  
SUITE C  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name CHEN, LEO MD  
Address 339 RACETRACK RD SUITE 12  
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR  
Name PURI, KAPIL MD  
Address 4554 EAST HWY 20  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name WARD, HOLLY MD  
Address 11 10TH AVE  
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR  
Name CHRISTOPHER, INDUMATHI MD  
Address 131 E. REDSTONE AVE  
SUITE 107  
City-State-Zip: CRESTVIEW FL 32539

*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:** ROBERT HRUBY

**PRESIDENT**

02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date