

2017 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:

TAYLOR, JACKI D
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HRUBY, ROBERT MD
Address 550C TWIN CITIES BLVD
City-State-Zip: NICEVILLE FL 32578

Title D
Name JUDGE, LISA MD
Address 1001 W COLLEGE BLVD. #D
City-State-Zip: NICEVILLE FL 32578

Title D
Name ETTINGER, LEE MD
Address 914 MAR WALT DRIVE SUITE C
City-State-Zip: FORT WALTON BEACH FL 32547

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

Title DIRECTOR
Name CLARK, JUSTIN P DO
Address 362 BEAL PKWY
SUITE 105
City-State-Zip: FT. WALTON BEACH FL 32548

Title DIRECTOR
Name PURI, KAPIL MD
Address 1001 W. COLLEGE BLVD.
SUITE H
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name SCHROEDER, MARK MD
Address 1005 W COLLEGE BLVD
SUITE C
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name PONDER, KENNETH MD
Address 4566 E. HWY. 20
SUITE 103
City-State-Zip: NICEVILLE FL 32578

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

SECRETARY-TREASURER 04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date