2019 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 03/12/2019

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

HRUBY, ROBERT MD JUDGE, LISA MD Name Name

552 TWIN CITIES BLVD Address 554 TWIN CITIES BLVD Address

SUITE C SUITE C

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

Title DIRECTOR Title **DIRECTOR**

Name CHEN, LEO MD Name PURI. KAPIL MD

339 RACETRACK RD SUITE 12 490 HWY 85 NORTH Address Address

SUITE A

FORT WALTON BEACH FL 32547 City-State-Zip: City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR

Title **DIRECTOR** PONDER, KENNETH MD Name

Name BARNIV, CHARLES MD 4566 E. HWY, 20 Address

623 HARBOR SQUARE Address SUITE 103 SUITE 2

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

Title DIRECTOR Title **DIRECTOR**

WARD, HOLLY MD Name CHRISTOPHER, INDUMATHI MD Name

11 10TH AVE Address Address 131 E. REDSTONE AVE

City-State-Zip: SHALIMAR FL 32579 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.

03/12/2019 SIGNATURE: ROBERT HRUBY MD **ADMINISTRATOR**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 12, 2019

Secretary of State

7900300262CC

Date