

2020 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

03/25/2020

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 PONDER, KENNETH MD
Address 4566 E. HWY. 20
SUITE 103
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, MD

PRESIDENT

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date