

**2013 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 POWELL, RODNEY M.D.  
Address 965 MAR WALT DR  
City-State-Zip: FT WALTON BEACH FL 32547

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 DP  
Name ARROWSMITH, DAVID MD  
Address 11 TENTH AVENUE  
City-State-Zip: SHALIMAR FL 32579

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 1025 N. BEAL PKWY  
SUITE D  
City-State-Zip: FT. WALTON BEACH FL 32547

Title DIRECTOR  
Name PURI, KAPIL MD  
Address 1001 W. COLLEGE BLVD.  
SUITE H  
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:** DAVID ARROWSMITH, MD

**PRESIDENT**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date