

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000021072

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC1274911875**

**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, MD**

**SECRETARY-TREASURER 04/18/2016**

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

\_\_\_\_\_  
Date