

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000084565

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC8011390542**

**Entity Name:** EMERALD COAST MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

552 TWIN CITIES BLVD  
SUITE A  
NICEVILLE, FL 32578

**Current Mailing Address:**

552 TWIN CITIES BLVD  
SUITE A  
NICEVILLE, FL 32578 US

**FEI Number: 59-3346460**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KEVIN M. HELMICH, P.A.  
4405 COMMOMS DRIVE EAST, SUITE 102  
DESTIN, FL 32541 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 PD  
Name HANEY, W. MICHAEL MD  
Address 550 TWIN CITIES BLVD, STE C  
City-State-Zip: NICEVILLE FL 32578

Title VSTD  
Name BANKS, GARY GMD  
Address 552 TWIN CITIES BLVD, STE A  
City-State-Zip: NICEVILLE FL 32578

Title D  
Name ABERNATHY, WILLIAM MMD  
Address 12272 HIGHWAY 98 WEST  
City-State-Zip: DESTIN FL 32541

Title D  
Name KATZENSTEIN, MARK JM.D.  
Address 129 EAST REDSTONE AVENUE, SUITE A  
City-State-Zip: CRESTVIEW FL 32539

Title D  
Name MALAMOS, NICKOLAOS CM.D.  
Address 12272 HIGHWAY 98 WEST  
City-State-Zip: DESTIN FL

Title D  
Name SHALIT, JOSEPH M.D.  
Address 12272 HIGHWAY 98 WEST  
City-State-Zip: DESTIN FL

*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: BANKS, GARYG, MD**

**PRES**

**01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date