

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000026309

Entity Name: EMERALD COAST MEDICAL CONSULTANTS, LLC

Current Principal Place of Business:

492 N. WILSON STREET
CRESTVIEW, FL 32536

Current Mailing Address:

492 N. WILSON STREET
CRESTVIEW, FL 32536 US

FEI Number: 47-3170991

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FISHER, J MARK
181 EGLIN PKWY NE
FT WALTON BEACH, FL 32548 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

Authorized Person(s) Detail :

Title MANAGER
Name MANOS, GINGER L
Address 492 N. WILSON STREET
City-State-Zip: CRESTVIEW FL 32536

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GINGER L. MANOS

OWNER

02/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date