

**2017 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**

**04/25/2017**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date