

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000062143

**Entity Name:** EMERALD COAST MEDICAL MANAGEMENT, PLLC

**Current Principal Place of Business:**

42 BUSINESS CENTER DR  
# 308  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10241 CHAMPION FARMS DR  
LOUISVILLE, KY 40241 US

**FEI Number:** 47-3774784

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MBR  
Name NELSON, CHRISTOPHER DR  
Address 6705 ELMCROFT CIRCLE  
City-State-Zip: LOUISVILLE KY 40241

*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:** CHRISTOPHER NELSON

MEMEBR

04/20/2017

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

\_\_\_\_\_ Date