

2016 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

MEMBER

04/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date