

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85427

FILED
Jan 14, 2009
Secretary of State

Entity Name: EMERALD COAST OBGYN, INC.

Current Principal Place of Business:

EMERALD COAST OBGYN, INC.
2250 JENKS AVE STE A
PANAMA CITY, FL 32405

New Principal Place of Business:

EMERALD COAST OBGYN, INC.
2250 JENKS AVE
PANAMA CITY, FL 32405

Current Mailing Address:

EMERALD COAST OBGYN, INC.
2250 JENKS AVE STE A
PANAMA CITY, FL 32405

New Mailing Address:

EMERALD COAST OBGYN, INC.
2250 JENKS AVE
PANAMA CITY, FL 32405

FEI Number: 59-2195254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, MICHAEL A P
2250 JENKS AVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INGRAM, MICHAEL A
Address: 2250 JENKS AVE STE A
City-St-Zip: PANAMA CITY, FL 32403

Title: V () Delete
Name: RAMIE, GEORGE B
Address: 2250 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32403

Title: T () Delete
Name: BRELAND, HENRY B
Address: 2250 JENKS AVE, SUITE A
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: WOLF, SAMUEL B
Address: 2250 JENKS AVE STE A
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: INGRAM, MICHAEL A
Address: 2250 JENKS AVE STE A
City-St-Zip: PANAMA CITY, FL 32405

Title: V (X) Change () Addition
Name: RAMIE, GEORGE B
Address: 2250 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: T (X) Change () Addition
Name: BRELAND, HENRY B
Address: 2250 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change () Addition
Name: WOLF, SAMUEL B
Address: 2250 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL A INGRAM

P

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date