


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H34093</b> 1. Entity Name <b>EMERALD COAST UROLOGY, P.A.</b>	
--	---

Principal Place of Business <b>909 MARWALT DR STE 1011 FT WALTON BCH, FL 32547 US</b>	Mailing Address <b>909 MARWALT DR STE 1011 FT WALTON BCH, FL 32547 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2475473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**LONG, ROBERT L. JR., M.D.  
924 MARWALT DR  
FT WALTON BCH, FL 32547**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LONG, ROBERT L. JR., M.D. 909 MARWALT DR ATE 1011 FT. WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000625965  
02/15/07-80001-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert L. Long MD/LL 2/5/07 850 863-3377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #