

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # J74051	
1. Entity Name EMERALD COAST ONCOLOGY AND HEMATOLOGY ASSOCIATES, P.A.	
Principal Place of Business 1024 MAR WALT DRIVE FORT WALTON BEACH, FL 32547 US	Mailing Address 1024 MAR WALT DRIVE FORT WALTON BEACH, FL 32547 US



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2877531	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CHANG, MING MD 1024 MAR WALT DRIVE FORT WALTON BEACH, 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000619518
02/08/07-80076-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHANG, MING-CHEN MD 1024 MAR WALT DR FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HSIANG, HARVEY Y 1024 MAR WALT DR FT WALTN BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HSIANS, Y H 1024 MAR WALT DR FT WALTON BCH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

850 863 3148

Daytime Phone #