

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90184 012 ****50.00

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DOCUMENT # L02000008926

1. Entity Name

EMERALD COAST DIVERSIFIED, L.L.C.



Principal Place of Business

**928-D MAR WALT DRIVE
FORT WALTON BEACH FL 32547**

Mailing Address

**928-D MAR WALT DRIVE
FORT WALTON BEACH FL 32547**

2. Principal Place of Business

928-D Mar Walt Drive

3. Mailing Address

928-D Mar Walt Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach FL 32547

City & State

Fort Walton Beach FL 32547

Zip

32547

Country

USA

Zip

32547

Country

USA

4. FEI Number

56-2321622

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM MARSHALL, WILLIAM R M.D.** ☐ Delete
STREET ADDRESS **928-D MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE NAME **MGRM DLABAL, THOMAS D M.D.** ☐ Delete
STREET ADDRESS **928-D MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE NAME **MGRM MACEY, THEODORE I M.D.** ☐ Delete
STREET ADDRESS **928-D MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM Jason W. Thackeray, M.D.** ☐ Change ☒ Addition
STREET ADDRESS **928-D Mar Walt Drive**
CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE NAME **MGRM John C. Warburton, M.D.** ☐ Change ☒ Addition
STREET ADDRESS **928-D Mar Walt Drive**
CITY-ST-ZIP **Fort Walton Beach FL 32547**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)