LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -4 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L94000000188

EMERALD COAST WOMENS CENTER, P.L.
125 REDSTONE AVENUE
SUITE B
CRESTVIEW FL 32539

1a. Principal Place of Business

125 REDSTONE AVE.
SUITE A
CRESTVIEW FL 32536

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 05/02/1994
3a. State of Formation: FL
4. FEI Number: 59-3234541 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 02/17/1997
6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

CAPUTO, ROBERT S
125 REDSTONE AVE.
SUITE A
CRESTVIEW FL 32536

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code: FL

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****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GLENN M. BANKERT, P.A.	125 REDSTONE AVE., SUITE A	CRESTVIEW FL
MGRM	ROBERT S. CAPUTO, P.A.	125 REDSTONE AVE., SUITE A	CRESTVIEW FL

11. I do 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert S. Caputo 4-29-98 850-689-2223
SIGNATURE AND TITLE OF PRINTED NAME OF GENERAL MEMBER OR MANAGER — Date — Daytime Phone #

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