FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50394 (8)

1. Corporation Name

EMERALD COAST PEDIATRIC PRIMARY CARE, INC.

Principal Place of Business	Mailing Address
744 E. BURGESS RD. STE. 102-E PENSACOLA FL 32504 US	744 E BURGESS RD. STE. 102-E PENSACOLA FL 32504 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3141073 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FARROLL, CATHLEEN
EMERALD COAST PRIMARY CARE, INC.
744 E. BURGESS RD., STE. 102-E
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Cathleen Farroll 4-19-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	D ☐ Change ☒ Addition
NAME	MALSON, PAUL REV.	12 NAME	Calhoon, Joan
STREET ADDRESS	5487 ROWE TRAIL	13 STREET ADDRESS	4874 Autumn Dr., Pace, FL 32571
CITY ST ZIP	PACE FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	D ☐ Change ☒ Addition
NAME	FARROLL, CATHLEEN	22 NAME	Deurioste, Melissa
STREET ADDRESS	1604 GOLWYN DR.	23 STREET ADDRESS	6214 Nashville Ave.
CITY ST ZIP	CANTONMENT FL	24 CITY ST ZIP	~~Pensacola, FL 32526~~
TITLE	D	31 TITLE	D ☐ Change ☒ Addition
NAME	SAMMS, CHARLES G.	32 NAME	Wheat, Tim
STREET ADDRESS	5950 BERRYHILL RD., #3	33 STREET ADDRESS	4475 Woodbine Rd., Suite 7
CITY ST ZIP	MILTON FL	34 CITY ST ZIP	~~Pace, FL 32571~~
TITLE	D	41 TITLE	D ☒ Change ☒ Addition
NAME	SPENCER, RICK M	42 NAME	Whitney, Richard A., M.D.
STREET ADDRESS	600 E. GOVERNMENT ST.	43 STREET ADDRESS	8333 N. Davis Hwy.
CITY ST ZIP	PENSACOLA FL	44 CITY ST ZIP	~~Pensacola, FL 32514~~
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCARBROUGH, JOE	52 NAME	
STREET ADDRESS	P. O. BOX 13012 N/A	53 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MIGNEREY, THOMAS MD	62 NAME	
STREET ADDRESS	5190 BAYOU BLVD STE 7	63 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. J. Mignerey, M.D. 4-11-95 478-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071021