

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
08/17/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3141073

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Cathleen M. Farroll

04-17-96

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 ☐ DELETE
NAME **C**
STREET ADDRESS **MALSON, PAUL REV.**
CITY-ST-ZIP **5487 ROWE TRAIL**
PACE FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Joan Calhoon**
1.4 CITY-ST-ZIP **4878 Autumn Dr.**
Pace, FL 32571

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **FARROLL, CATHLEEN**
CITY-ST-ZIP **1604 GOLWYN DR.**
CANTONMENT FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Melissa Deurioste**
2.4 CITY-ST-ZIP **6214 Nashville Ave.**
Pensacola, FL 32526

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SAMMS, CHARLES G.**
CITY-ST-ZIP **5950 BERRYHILL RD., #3**
MILTON FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **Tim Wheat**
3.4 CITY-ST-ZIP **4475 Woodbine Rd., Suite 7**
Pace, FL 32571

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SPENCER, RICK M**
CITY-ST-ZIP **600 E. GOVERNMENT ST.**
PENSACOLA FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Richard A. Whitney, M.D.**
4.4 CITY-ST-ZIP **8333 N. Davis Hwy.**
Pensacola, FL 32514

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCARBROUGH, JOE, Congressman**
CITY-ST-ZIP **P. O. BOX 13012 N/A**
PENSACOLA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MIGNEREY, THOMAS MD**
CITY-ST-ZIP **5190 BAYOU BLVD STE 7**
PENSACOLA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Cathleen M. Farroll

04-17-96

(904)474-1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)