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Jun 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32504-6361
US

3. Date Incorporated or Qualified 08/17/1992
3a. Date of Last Report 05/21/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3141073 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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* CATHLEEN M. FARROLL Secretary 4-23-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALSON, PAUL REV.	1.2 NAME	Calhoon, Joan
STREET ADDRESS	5487 ROWE TRAIL	1.3 STREET ADDRESS	4878 Autumn Dr.
CITY-ST-ZIP	PACE FL	1.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARROLL, CATHLEEN	2.2 NAME	Deurioste, Melissa
STREET ADDRESS	1804 GOLWYN DR.	2.3 STREET ADDRESS	10751 Tara Dawn Circle
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	Pensacola, FL 32534
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMS, CHARLES G.	3.2 NAME	
STREET ADDRESS	5050 BERRYHILL RD., #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBROUGH, JOE	4.2 NAME	
STREET ADDRESS	P. O. BOX 13012 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGNEREY, THOMAS MD	5.2 NAME	
STREET ADDRESS	5190 BAYOU BLVD STE 7	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E037 (9/96)