FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI	MENT # N5039	4 (8)		
EMERALD COAST PEDIATRIC PRIMARY CARE, INC.				
Principal Place of Business Mailing Address				
744 E. BURGESS RD. 744 E. BURGESS RD.			3. Date Incorporated or Qualified	
STE. 102-E PENSACOLA FL 32504		STE. 102-E		08/17/1992
US	L 32504	PENSACOLA FL 32504 US		4. FEI Number Applied For
				59-3141073 Not Applicable
<u> </u>		2a. Malling Address		5. Certificate of Status Desired S8.75 Additional
		Suite Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State	е	City & State		7. Is this nonprofit corporation a homeowners association:
23		28		☐ Yes 🔀 No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 25 29 30 30 9, Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81 Name				
FARROL	L, CATHLEEN		82 Street	Address (P.O. Box Number is Not Acceptable)
EMERALD COAST PRIMARY CARE, INC.			oz Street	Address (F.O. Box number is not Acceptable)
	744 E. BURGESS RD., STE. 102-E			
PENSAC	OLA FL 32504		84 City	85 Zip Code
				FL [T]
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 manufactors the objigations of, Section 617.0503, Florida Statutes.				
SIGNATUR	anceros	Cathle	en M. Far	croll, Secretary 04-17-98
12.	Signature, typed or printed name of registered age		Hagistered Agent signature	required when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C	DELETE	1.1 TITLE	D Change Addition
NAME	MALSON, PAUL REV.		1.2 NAME	Corey Wolff, M.D.
STREET ADDRESS	5487 ROWE TRAIL		1.3 STREET ADDRESS	5041 N. 12th Ave.
CITY-ST-ZIP	PACE FL		1.4 CITY-ST-ZIP	Pongago 1 - FI 32504
TITLE	S	☐ DELETE	2.1 TITLE	D Change 20 Addition
NAME	FARROLL, CATHLEEN		2.2 NAME	Marcia Bevine
STREET ADDRESS	1604 GOLWYN DR. CANTONMENT FL		2.3 STREET ADDRESS	7051 Highway 97
CITY - ST - ZIP TITLE	D CANTONWENT FE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Walnut Hill, FL 32568 ☐ Change ☑ Addition
NAME	SAMMS, CHARLES G.		3.2 NAME	Audrey Delgado
STREET ADDRESS	5950 BERRYHILL RD., #3		3.3 STREET ADDRESS	1289 E. Avery
CITY-ST-ZIP	MILTON FL		3.4. CITY - ST - ZIP	Pensacola, FL 32503
TITLE	D	☐ DELETE	4.1 YITLE	☐ Change ☐ Addition
NAME	SCARBROUGH, JOE		4. 2 NAME	
STREET AODRESS	P. O. BOX 13012 N/A PENSACOLA FL		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D PENSACULA FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME	MIGNEREY, THOMAS MD		5.2 NAME	turn Viverige Lind /100/100/
STREET ADDRESS	5190 BAYOU BLVD STE 7		5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DEURIOSTE, MEUSSA		6.2 NAME	
STREET ADORESS	10751 TARA DAWN CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY - ST - ZIP	

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 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.

4-17-98 474-1231(854)

FILED

Apr 23 1998 8:00am

Secretary of State