

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90021 048 ****70.00

DOCUMENT # N50394

1. Corporation Name

EMERALD COAST PEDIATRIC PRIMARY CARE, INC.

* 4 8 6 8 3 5 - 9 0 0 2 1 - 4 8 *

Principal Place of Business

744 E. BURGESS RD.
STE. 102-E
PENSACOLA FL 32504
US

Mailing Address

744 E. BURGESS RD.
STE. 102-E
PENSACOLA FL 32504
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/17/1992

4. FEI Number

59-3141073

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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 Farroll

4-27-99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

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

☒ DELETE

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

TITLE D
NAME WOLFF, COREY
STREET ADDRESS 5041 N 12TH AVE
CITY-ST-ZIP PENSACOLA FL 32504

☐ DELETE

TITLE D
NAME DEURIOSTE, MELISSA
STREET ADDRESS 10751 TARA DAWN CIR
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME JOAN Calhoun
1.3 STREET ADDRESS 4878 Autumn Dr
1.4 CITY-ST-ZIP Pace, FL 32571

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME Audrey Delgado
2.3 STREET ADDRESS 1289 E Avera
2.4 CITY-ST-ZIP Pensacola, FL 32503

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME Marcia Parris
3.3 STREET ADDRESS 7051 Hwy 97
3.4 CITY-ST-ZIP Walnut Hill, FL 32566

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME Luis Gomez, M.D.
4.3 STREET ADDRESS 1504 Berryhill Rd
4.4 CITY-ST-ZIP Milton, FL 32570

☐ Change

☒ Addition

5.1 TITLE
5.2 NAME Gonzales, Tara
5.3 STREET ADDRESS 5528 N. Davis Hwy, Bldg H.
5.4 CITY-ST-ZIP Pensacola, FL 32503

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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, with all other like empowered.

SIGNATURE: *Katherine Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 4741231
Date Daytime Phone #

CR2E037 (11/98)