

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50394

1. Entity Name

EMERALD COAST PEDIATRIC PRIMARY CARE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90069 024 ****61.25

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3141073	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent
FARROLL, CATHLEEN EMERALD COAST PRIMARY CARE, INC. 744 E. BURGESS RD., STE. 102-E PENSACOLA FL 32504

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	CALHOUN, JOAN
STREET ADDRESS	4878 AUTUMN DR
CITY-ST-ZIP	PAGE FL 32571
TITLE	S <input type="checkbox"/> Delete
NAME	FARROLL, CATHLEEN
STREET ADDRESS	1604 GOLWYN DR.
CITY-ST-ZIP	CANTONMENT FL
TITLE	D <input type="checkbox"/> Delete
NAME	DELGADO, AUDREY
STREET ADDRESS	1289 E AVERY
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SCARBROUGH, JOE
STREET ADDRESS	P. O. BOX 13012 N/A
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> Delete
NAME	WOLFF, COREY
STREET ADDRESS	5041 N 12TH AVE
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	D <input type="checkbox"/> Delete
NAME	DEURIOSTE, MELISSA
STREET ADDRESS	10751 TARA DAWN CIR
CITY-ST-ZIP	PENSACOLA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Gomez
STREET ADDRESS	1504 Berryhill Rd.
CITY-ST-ZIP	Milton, FL 32570
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tara Gonzales
STREET ADDRESS	5528 N. Davis Hwy., Bldg. H
CITY-ST-ZIP	Pensacola, FL 32504
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-21-00 850 4741231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)