

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90075 005 ****61.25

DOCUMENT # N50394

1. Entity Name
EMERALD COAST PEDIATRIC PRIMARY CARE, INC.



Principal Place of Business
**5192 BAYOU BLVD.
PENSACOLA, FL 32504 US**

Mailing Address
**5192 BAYOU BLVD.
PENSACOLA, FL 32504 US**

50027896



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3141073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARROLL, CATHLEEN
5192 BAYOU BLVD.
PENSACOLA, FL 32504**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WHITTAKER, JOAN**
STREET ADDRESS **2299 SCENIC HWY F-2**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **P** ☒ Change ☐ Addition
NAME **Wolff, Corey**
STREET ADDRESS **1530 Airport Blvd.**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **VP** ☐ Delete
NAME **WOLFF, COREY**
STREET ADDRESS **4601 SPANISH TRAIL**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **VP** ☒ Change ☐ Addition
NAME **Whittaker, Joan**
STREET ADDRESS **2299 Scenic Hwy. F-2.**
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **SCT** ☐ Delete
NAME **FARROLL, CATHLEEN**
STREET ADDRESS **5192 BAYOU BLVD.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Change ☒ Addition
NAME **Sims, Steve**
STREET ADDRESS **232 Northcliff Dr.**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **D** ☐ Delete
NAME **DEURIOSTE, MELISSA**
STREET ADDRESS **10751 TARA DAWN CIRCLE**
CITY-ST-ZIP **PENSACOLA, FL 32534**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BEVINS, MARCIA**
STREET ADDRESS **2114 AIRPORT BLVD., STE. 1900**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DELGADO, AUDREY**
STREET ADDRESS **1289 E.AVERY**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#10715

3-15-05