


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90081 035 \*\*\*\*61.25

<b>DOCUMENT # N50394</b> 1. Entity Name <b>EMERALD COAST PEDIATRIC PRIMARY CARE, INC.</b>					
Principal Place of Business <b>5192 BAYOU BLVD.</b> <b>PENSACOLA, FL 32504 US</b>			Mailing Address <b>5192 BAYOU BLVD.</b> <b>PENSACOLA, FL 32504 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3141073</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
- 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FARROLL, CATHLEEN</b> <b>5192 BAYOU BLVD.</b> <b>PENSACOLA, FL 32504</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WOLFE, COREY</b> <b>1530 AIRPORT BLVD</b> <b>PENSACOLA, FL 32514</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Wilson, Robert K.</b> <b>5192 Bayou Blvd.</b> <b>Pensacola, FL 32504</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>WHITTAKER, JOAN</b> <b>2299 SCENIC HWY -2</b> <b>PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SCT</b> <b>FARROLL, CATHLEEN</b> <b>5192 BAYOU BLVD.</b> <b>PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DEURIOSTE, MELISSA</b> <b>10751 TARA DAWN CIRCLE</b> <b>PENSACOLA, FL 32534</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SIMS, STEVE</b> <b>232 NORTHCLIFF DR</b> <b>GULF BREEZE, FL 32561</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DELGADO, AUDREY</b> <b>1289 E.AVERY</b> <b>PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Cathleen Farroll</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-1-06 BSD-484-5040</b> <small>Date Daytime Phone #</small>		