


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90005 030 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3141073	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FARROLL, CATHLEEN 5192 BAYOU BLVD. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WOLFE, COREY
STREET ADDRESS	1530 AIRPORT BLVD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	VP <input type="checkbox"/> Delete
NAME	WHITTAKER, JOAN
STREET ADDRESS	2299 SCENIC HWY -2
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	SCT <input type="checkbox"/> Delete
NAME	FARROLL, CATHLEEN
STREET ADDRESS	5192 BAYOU BLVD.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D <input type="checkbox"/> Delete
NAME	WILSON, ROBERT K
STREET ADDRESS	5192 BAYOU BLVD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D <input type="checkbox"/> Delete
NAME	SIMS, STEVE
STREET ADDRESS	232 NORTHCLIFF DR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D <input type="checkbox"/> Delete
NAME	DELGADO, AUDREY
STREET ADDRESS	1289 E.AVERY
CITY-ST-ZIP	PENSACOLA, FL 32503

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gomez, Luis
STREET ADDRESS	1005 College Blvd. Wst
CITY-ST-ZIP	Crestview, FL 32536
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henderson, Scott
STREET ADDRESS	1418 Newcastle Way
CITY-ST-ZIP	Pensacola, FL 32534
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 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.

SIGNATURE: 	2-13-07	850-4845040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

12146