

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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**



03132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3141073

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Cathleen Farroll

3-18-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOLFE, COREY
STREET ADDRESS	1530 AIRPORT BLVD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	VP
NAME	WHITTAKER, JOAN
STREET ADDRESS	2299 SCENIC HWY -2
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	SCT
NAME	FARROLL, CATHLEEN
STREET ADDRESS	5192 BAYOU BLVD.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	WILSON, ROBERT K
STREET ADDRESS	5192 BAYOU BLVD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	SIMS, STEVE
STREET ADDRESS	232 NORTHCLIFF DR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	DELGADO, AUDREY
STREET ADDRESS	1289 E. AVERY
CITY-ST-ZIP	PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

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:

Cathleen Farroll

3-18-08

850-484-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

#12955