

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50394

FILED
Mar 05, 2009
Secretary of State

Entity Name: EMERALD COAST PEDIATRIC PRIMARY CARE, INC.

Current Principal Place of Business:

5192 BAYOU BLVD.
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

5192 BAYOU BLVD.
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3141073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLFE, COREY
Address: 1530 AIRPORT BLVD
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: WHITTAKER, JOAN
Address: 2299 SCENIC HWY -2
City-St-Zip: PENSACOLA, FL 32503

Title: SCT () Delete
Name: FARROLL, CATHLEEN
Address: 5192 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: WILSON, ROBERT K
Address: 5192 BAYOU BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: SIMS, STEVE
Address: 232 NORTHCLIFF DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: DELGADO, AUDREY
Address: 1289 E.AVERY
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHLEEN M. FARROLL

SCT

03/05/2009

Electronic Signature of Signing Officer or Director

Date