

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50394

FILED
Mar 11, 2010
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 (X)**

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
Name: WOLFE, COREY
Address: 1530 AIRPORT BLVD
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: WHITTAKER, JOAN
Address: 2299 SCENIC HWY -2
City-St-Zip: PENSACOLA, FL 32503

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CATHLEEN FARROLL

SECT

03/11/2010

Electronic Signature of Signing Officer or Director

Date