

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90602 047 ***150.00

DOCUMENT # P00000011792

1. Entity Name
HOUSE DOCTOR OF THE EMERALD COAST, INC.



Principal Place of Business
8B WALTER MARTIN RD.
FT. WALTON BCH FL 32548

Mailing Address
8B WALTER MARTIN RD.
FT. WALTON BCH FL 32548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3625986**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTLEY, DAN
8B WALTER MARTIN RD.
FT. WALTON BCH FL 32548

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTLEY, DAN	
STREET ADDRESS	8B WALTER MARTIN RD.	
CITY-ST-ZIP	FT. WALTON BCH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTLEY, PAT	
STREET ADDRESS	8B WALTER MARTIN RD.	
CITY-ST-ZIP	FT. WALTON BCH FL 32548	
TITLE	V	<input type="checkbox"/> Delete
NAME	MICHAEL, ELLIS	
STREET ADDRESS	8-B WALTER MARTIN RD.	
CITY-ST-ZIP	FORT. WALTON BEACH FL 32548	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HICKS, HERMAN JR.	
STREET ADDRESS	8-B WALTER MARTIN RD.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 exemption stated in Section 119.07(3)(i), 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 607, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03 850-243-9100

CR2E034 (10/02)