

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026127

FILED
Apr 29, 2004
Secretary of State

Entity Name: EMERALD COAST MEDICAL CONSULTING, INC.

Current Principal Place of Business:

930-D MARWALT DR
FT WALTON BEACH, FL 32547

New Principal Place of Business:

1775 LEWIS TURNER BLVD.,
STE 102
FT WALTON BEACH, FL 32547

Current Mailing Address:

930-D MARWALT DR
FT WALTON BEACH, FL 32547

New Mailing Address:

1775 LEWIS TURNER BLVD.,
STE 102
FT WALTON BEACH, FL 32547

FEI Number: 59-3633261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESCOTT, KAREN M
930 MARWALT DRIVE, STE. D
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

PRESCOTT, KAREN M
1775 LEWIS TURNER BLVD.,
STE 102
FORT WALTON BEACH, FL 32547 US

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: KAREN M. PRESCOTT

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUNDERMAN, MAURI G
Address: 930-D MARWALT DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: PRESCOTT, KAREN M
Address: 1616 JENNIFER CT
City-St-Zip: FT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LUNDERMAN, MAURI G
Address: 1775 LEWIS TURNER BLVD.,
City-St-Zip: FT WALTON BEACH, FL 32547

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M. PRESCOTT

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date