2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# P02000001354

Entity Name: EMERALD COAST FOOT AND ANKLE CLINIC, P.A.

Current Principal Place of Business:

7720 U.S. HIGHWAY 98 WEST
340
DESTIN, FL 32550

New Principal Place of Business:

1320 N NINTH AVE
PENSACOLA, FL 32503

Current Mailing Address:

7720 U.S. HIGHWAY 98 WEST
340
DESTIN, FL 32550

New Mailing Address:

1320 N NINTH AVE
PENSACOLA, FL 32503

FEI Number: 01-0570888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, M. TODD
215 GRAND BLVD
101
DESTIN, FL 32550 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROOKS, PAUL D
Address: 7720 U.S. HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL 32550

Title: S ( ) Delete
Name: SNELLGROVE, JON A
Address: 7720 U.S. HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROOKS, PAUL D
Address: 1320 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: S (X) Change ( ) Addition
Name: SNELLGROVE, JON A
Address: 1320 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

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: PAUL D. BROOKS DR 05/09/2005
Electronic Signature of Signing Officer or Director Date