



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000063227</b>		
1. Entity Name EMERALD COAST THERAPY CENTERS, INC.		
Principal Place of Business 2411 EXECUTIVE PLAZA DR. PENSACOLA, FL 32504		Mailing Address 2411 EXECUTIVE PLAZA DR. PENSACOLA, FL 32504
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  NELSON, RONALD L 517 E. GOVERNMENT ST. PENSACOLA, FL 32501		 01122005 No Chg-P CR2E034 (10/03) 4. FEI Number 02-0611251 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000212874 02/03/05-80045-012 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PADGET, DONALD R 6348 HWY. 90 WEST MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT LOCKWOOD, DAVID A 305 GRANT AVE. AUBURN, NY 13021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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: <u>Donald R. Padget</u> DONALD R. PADGET, PRES 1/12/05 850-393-4405 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #		