

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90175 012 ***150.00

DOCUMENT # P02000069503

1. Entity Name
EMERALD COAST FAMILY MEDICINE, P.A.



Principal Place of Business
**17320 PANAMA CITY BCH PKWY., SUITE 111
PANAMA CITY BCH FL 32413**

Mailing Address
**17320 PANAMA CITY BCH PKWY., SUITE 111
PANAMA CITY BCH FL 32413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0623282

Applied For

Not Applicable

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

**KILPATRICK, WILLIAM G JR.
1201 EGLIN PKWY.
SHALIMAR FL 32579**

Name **STEPHEN C RIGGS**
Street Address (P.O. Box Number is Not Acceptable)
4460 LEGENDARY DRIVE
SUITE 100
City **DESTIN** FL **32541**

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 **STEPHEN C RIGGS**
Signature, typed or printed name of registered agent and title if applicable.

Stephen C Riggs **4/2/03**
(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILLIS, DARRELL**
STREET ADDRESS **17320 PANAMA CITY BCH PKWY., SUITE 111**
CITY-ST-ZIP **PANAMA CITY BCH FL 32413**

TITLE **C** ☐ Change ☒ Addition
NAME **Marcella J. Willis**
STREET ADDRESS **17320 Panama City Bch PKWY, Suite 111**
CITY-ST-ZIP **Panama City Bch, FL 32413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 **850-236 8383**

Date Daytime Phone #

CR2E034 (10/02)