

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000047828

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** EMERALD COAST CENTER FOR NEUROLOGICAL DISORDERS, P.A.

**Current Principal Place of Business:**

1717 NORTH  
SUITE 208  
PENSACOLA, FL 32501

**New Principal Place of Business:**

9400 UNIVERSITY PARKWAY  
SUITE 109  
PENSACOLA, FL 32514

**Current Mailing Address:**

1717 NORTH  
SUITE 208  
PENSACOLA, FL 32501

**New Mailing Address:**

9400 UNIVERSITY PARKWAY  
SUITE 109  
PENSACOLA, FL 32514

**FEI Number:** 20-4625991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEAR, DAVID D.O.  
1717 NORTH  
SUITE 208  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

BEAR, DAVID D.O.  
9400 UNIVERSITY PARKWAY  
SUITE 109  
PENSACOLA, FL 32514 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: DAVID BEAR DO

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BEAR, DAVID D.O.  
Address: 9400 UNIVERSITY PARKWAY SUITE 109  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: ROSS, DANIEL D.O.  
Address: 9400 UNIVERSITY PARKWAY SUITE 109  
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: DAVID BEAR DO

DR

01/08/2010

Electronic Signature of Signing Officer or Director

Date