

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000107113

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** EMERALD COAST AUDIOLOGY, P.A.

**Current Principal Place of Business:**

1032 MAR WALT DRIVE  
SUITE 100  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

913 N BEAL PARKWAY  
SUITE A #119  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 20-5372304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

C. GRAY DETHLOFF  
913 N BEAL PARKWAY  
SUITE A #119  
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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: C. GRAY DETHLOFF  
Address: 913 N BEAL PARKWAY #A119  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D  
Name: C. GRAY DETHLOFF  
Address: 913 N BEAL PARKWAY #A119  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: CARVER GRAY DETHLOFF

P

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date