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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

SIGNATURE:

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EMERALD COAST HEALTHCARE, INC.

**FILED** Jan 29 1996 8:00 am Secretary of State

4 100(1000) (N	BASH MONIN MUNIC	A TAUT INNA NII IN

1/16/96

904-934-2810

Daytime Phone #

Principal Pla	ace of Business		Mailing Ad	poress						
913 GULF	BREEZE PARKWAY		913 GU	LF BREEZE PAI	RKWAY					
#14			# 14							
GULF BREEZE FL 32561 US		GULF BI US	REEZE FL 3256	<b>i</b>	· _ · _ ·	3. Date Incorporated or Qualified 02/23/1994		3a. Date of Last Report 01/19/1995		
	Place of Business		2a. Mailing	Address		4. FEI Number	***************************************		<del>• • • • • • • • • • • • • • • • • • • </del>	Applied For
C. ita. Au			26			59-32240	51			Not Applicat
Suite, Ap	ot. #, etc.		27 Suite, /	Apt. #, etc.		5. Certificate of Stat	tus Desired		•	5 Additional Required
City & St	tate		City 8	State		6. Election Campaig Trust Fund Contr				00 May Be
$z_{\rm p}$		Country	Zip		Country	8. This corporation		ntangible		
L ,,	25		29		30	Florida Statutes	Yes			
	9, Name and	Address of Cur	rent Registered A	gent		10. Name and Add	ess of New R	egistere	d Agent	
***					81 Name					
	GIO, R B	011 0			82 Street A	Address (P.O. Box Number is	Not Acceptable	le)	<del></del>	
	RANFERIO: DR:		abine Dr.	•		· · · · · · · · · · · · · · · · · ·				
PENS	ACOLA FL 3256				83					
					84 City				. B5 Z	Zip Code
C District	at to the sections	. C		<del></del>				F		•
OFFESIO	кегео адент, ог рол	, in the state of r	ionda. Such Chance	awas aumonze	s, the above-named co id by the corporation's :	rporation submits this staten board of directors, I hereby a	ent for the purp	pose of e	changing its	registered of
familiar	with, and accept the	obligations of, S	iection <b>6</b> 07.0505, FI	lorida Statutes.	.,		осорг гло арро	, a a a a a a a a a a a a a a a a a a a	as registore	o agoni, rain
GNATURE	F									
	Signature Typed or prin		gent and title if applicable	NÓT	til Registered Agent signature re			DATE		
	Signature typed or pain		AND DIRECTORS		13.	iquired when reinstating)  ADDITIONS/CHAI	NGES TO OFFI		ND DIRECT	
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OFFICER OR DIRECTOR