

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26 1999 8:00 am
Secretary of State

DOCUMENT # P94000015576

1. Corporation Name
EMERALD COAST HEALTHCARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**226 PALAFOX PLACE
3RD FLOOR
PENSACOLA FL 32501
US**

Mailing Address
**226 PALAFOX PLACE
3RD FLOOR
PENSACOLA FL 32501
US**

3. Date Incorporated or Qualified
02/23/1994

2. Principal Place of Business
21 909 Gardengate Circle

Suite, Apt. #, etc.
22

2a. Mailing Address
26 909 Gardengate Circle

Suite, Apt. #, etc.
27

4. FEI Number
59-3224051

Applied For
☐ Not Applicable

City & State
23 Pensacola, FL

Zip
24 32504

Country
25 US

City & State
28 Pensacola, FL

Zip
29 32504

Country
30 US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
**MAGGIO, R B
211 SABINE DR
PENSACOLA FL 32561**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P			<input type="checkbox"/>
	MAGGIO, RB			
	211 SABINE DR			
	PENSACOLA FL			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/99

Date

850/479-1012

Daytime Phone #

CR2E034 (1/98)