

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021072

FILED
Mar 21, 2007
Secretary of State

Entity Name: EMERALD COAST HEALTH ALLIANCE, INC.

Current Principal Place of Business:

915A MAR-WALT DRIVE
FT. WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

915A MAR-WATT DR.
FT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-3304545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, JACKI
915 A MAR-WALT DR
FT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MARTIN, JAMES
Address: 26 NW RACETRACK RD
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: HANNUM, SCOTT
Address: 550 W REDSTONE AVE #430
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: POWELL, RODNEY M.D.
Address: 965 MAR WALT DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: JUDGE, LISA
Address: 1001 W COLLEGE BLVD. #D
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: GRAYSON, CHARLES DO
Address: 550 W RESTONE AVENUE
City-St-Zip: CRESTVIEW, FL 32539

Title: DP () Delete
Name: ARROWSMITH, DAVID MD
Address: 1703 LEWIS TURNER BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCFATTER, CHARLES MD
Address: 215 MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUDGE, LISA MD
Address: 1001 W COLLEGE BLVD. #D
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change () Addition
Name: ETTINGER, LEE MD
Address: 914 MAR WALT DRIVE SUITE C
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DP (X) Change () Addition
Name: ARROWSMITH, DAVID MD
Address: 11 TENTH AVENUE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID ARROWSMITH

DP

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date