

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021072

FILED  
Apr 14, 2010  
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-WALT DRIVE  
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  
Name: HENNESSEY, MICHAEL MD  
Address: 907 MAR-WALT DR. NO 2024  
City-St-Zip: FORT WALTON BEACH, FL 32547 OK

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

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

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

Title: DP  
Name: ARROWSMITH, DAVID MD  
Address: 11 TENTH AVENUE  
City-St-Zip: SHALIMAR, FL 32579 OK

Title: D  
Name: ANASTASIO, PATRICK DO  
Address: 917 MAR-WALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 OK

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: JACKI TAYLOR

EXD

04/14/2010

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

\_\_\_\_\_  
Date