

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000084565 (7)

1. Corporation Name

EMERALD COAST MEDICAL CLINIC, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH FL 32547

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH FL 32547

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

NA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5160 Hwy 98

26 909 Mar Walt drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 17

27 Suite 1014

City & State

City & State

23 Destin, FL

28 Ft Walton Beach, FL

Zip

Country

Zip

Country

24 32541

25 USA

29 32547

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH FL 32547

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 is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ABERNATHY, WILLIAM M M.D.

STREET ADDRESS 5160 HIGHWAY 98, SUITE 17

CITY - ST - ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME BANKS, GARRY G M.D.

STREET ADDRESS 5160 HIGHWAY 98, SUITE 17

CITY - ST - ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME HANEY, W. MICHAEL M.D.

STREET ADDRESS 5160 HIGHWAY 98, SUITE 17

CITY - ST - ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME KATZENSTEIN, MARK J M.D.

STREET ADDRESS 5160 HIGHWAY 98, SUITE 17

CITY - ST - ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME MALAMOS, NICKOLAOS C M.D.

STREET ADDRESS 5160 HIGHWAY 98, SUITE 17

CITY - ST - ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME SHALIT, JOSEPH M.D.

STREET ADDRESS 5160 HIGHWAY 98, SUITE 17

CITY - ST - ZIP DESTIN FL 32541

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/27/96 904-67P-9001

CR2E034 (12/95)