

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084565

FILED
Jan 14, 2009
Secretary of State

Entity Name: EMERALD COAST MEDICAL CLINIC, INC.

Current Principal Place of Business:

1003 WEST COLLEGE BOULEVARD
SUITE 1
NICEVILLE, FL 32578 US

New Principal Place of Business:

552 TWIN CITIES BLVD
SUITE A
NICEVILLE, FL 32578 US

Current Mailing Address:

1003 WEST COLLEGE BOULEVARD
SUITE 1
NICEVILLE, FL 32578 US

New Mailing Address:

552 TWIN CITIES BLVD
SUITE A
NICEVILLE, FL 32578 US

FEI Number: 59-3346460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQ
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: PD () Delete
Name: HANEY, W. MICHAEL MD
Address: 550 TWIN CITIES BLVD, STE C
City-St-Zip: NICEVILLE, FL 32578

Title: VSTD () Delete
Name: BANKS, GARY G MD
Address: 1003 WEST COLLEGE BOULEVARD, STE 1
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: ABERNATHY, WILLIAM M MD
Address: 12272 HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: KATZENSTEIN, MARK J M.D.
Address: 129 EAST REDSTONE AVENUE, SUITE A
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: MALAMOS, NICKOLAOS C M.D.
Address: 12272 HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL

Title: D () Delete
Name: SHALIT, JOSEPH M.D.
Address: 12272 HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSTD (X) Change () Addition
Name: BANKS, GARY G MD
Address: 552 TWIN CITIES BLVD, STE A
City-St-Zip: NICEVILLE, FL 32578 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GARRY BANKS

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date