

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000092346**

1. Entity Name

EMERALD COAST EYE INSTITUTE, P.A.



Principal Place of Business

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

Mailing Address

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



02072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3348023** Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

POPPELL, SAMUEL E  
911-A MAR-WALT DR  
FT. WALTON BEACH, FL 32547

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and except the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE ☐  
NAME POPPELL, SAMUEL E M.D.  
STREET ADDRESS 911-A MAR WALT DRIVE  
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

1000000427537  
02/21/06-80010-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel E. Poppell, MD Samuel E. Poppell, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-862-4001