

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000021446**1. Entity Name  
EMERALD HEALTHCARE GROUP, P.A.

## Principal Place of Business

490 JAMES RIVER ROAD

GULF BREEZE

FL

32561

## Mailing Address

P.O. BOX 847

GULF BREEZE

FL

325620847

US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-3505536

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FERGUSON MICHAEL LESQ.

4300 BAYOU BOULEVARD

SUITES 12 &amp; 13

PENSACOLA

FL

32503

US

## 7. Name and Address of New Registered Agent

Name

FERGUSON MICHAEL LESQ.

Street Address (P.O. Box Number is Not Acceptable)

4300 BAYOU BOULEVARD

SUITE 13

City  
PENSACOLA

FL

Zip Code  
32503

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.

SIGNATURE \_\_\_\_\_ 01/07/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DTS ☐ Delete  
NAME WRIGHT GARY D.M.D.  
STREET ADDRESS 21 LAGOON DR  
CITY-ST-ZIP GULF SHORES AL 36542TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DPC ☐ Delete  
NAME MEADE JOHN L.M.D.  
STREET ADDRESS 490 JAMES RIVER ROAD  
CITY-ST-ZIP GULF BREEZE FL 32561TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John L. Meade, MD

DPC

01/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)