

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023752

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** THE EMERALD COAST NECK & BACK CLINIC, P.A.

**Current Principal Place of Business:**

550 W REDSTONE AVE  
SUITE 300  
CRESTVIEW, FL 325366429

**New Principal Place of Business:**

550 W REDSTONE AVE  
SUITE 300  
CRESTVIEW, FL 32536

**Current Mailing Address:**

550 W REDSTONE AVE  
SUITE 300  
CRESTVIEW, FL 325366429

**New Mailing Address:**

550 W REDSTONE AVE  
SUITE 300  
CRESTVIEW, FL 32536

**FEI Number:** 59-3562781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOULISIS, CHRISTO W M.D.  
550 W. REDSTONE AVENUE  
SUITE 300  
CRESTVIEW, FL 32536 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 ( ) Delete  
Name: KOULISIS, C.W. M.D.  
Address: 550 W REDSTONE AVE SUITE 300  
City-St-Zip: CRESTVIEW, FL 325366429

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KOULISIS, CHRISTO M.D.  
Address: 550 W REDSTONE AVE SUITE 300  
City-St-Zip: CRESTVIEW, FL 325366429

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTO W. KOULISIS MD

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date