2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

Principal Place of Business

% C. JEFFREY MCINNIS. ESQ.

909 MAR WALT DR., SUITE 1014

FORT WALTON BEACH FL 32547

P99000058907

Mailing Address

% C. JEFFREY MCINNIS, ESQ.

909 MAR WALT DR., SUITE 1014

FORT WALTON BEACH FL 32547

1. Entity Name '

OB/GYN SPECIALISTS OF THE EMERALD COAST, P.A.



**FILED** Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90165 025 \*\*\*550.00

E IORIUBAL UN IRUR IRUK ARKI ARKI ARKI ERIK ERIAL AKEL IRUK KAKI ERIK IORI IORI

/	
	N. T.

Proper Process Descriptions and Superior States of the Emeral OBSSW Specialists  Suite April # etc.  Chy & State  The Wolf for Beach FL  The April File State of Current Registered Agent  MCINNIS, C. JEFFREY  909 MAR WALT DRIVE  SUITE 1014  FORT WALTON BEACH FL 32547  The above named entity Submits this statement for the purpose of changing its registered Agent carrent required when recreating)  After September 10, 2003 Fee will be \$750.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State  DOULEY, CANDACE M.D.  STIET ADDRESS  CITY-ST-JP  THE  VICC President  The Delete  THE  DELETIONESS  THE ADDRESS  THE				
City & State    City & State   Country   Count	OBGYN specialists of the Emeral OBGYN Specialists			
### Property of the purpose of Changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  ### Signature, byward or printed rams of registered agent and stie I applicable.  ### Page temperature for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  ### Signature  ### Street Address (P.O. Box Number is Not Acceptable)	924 Mar Walt Or			
Signature   Special   Section   Se	City & State			
MCINNIS, C. JEFFREY 909 MAR WALT DRIVE SUTE 1014 FORT WALTON BEACH; FL 32547  8. The above name dentity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  SIGNATURE  Signature, typed or period name of registered agent and tile it applicable. (NOTE: Registered Agent signature required when revestance)  PLE NOW!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Flibrida Department of State  10. OFFICERS AND DIRECTORS  ITILE  OCOULEY, CANDACE M.D.  STREET ADDRESS STREET ADDRES		\$8.75 Additional Fee Required		
MCINNIS, C. JEFFREY 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32547  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 the obligations of registered agent are title it applicable. (NOTE: Registered Agent signature required when rensetting)  FILE NOW!!! PEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Pflorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. TILE  COOLEY, CANDACE M.D.  924 MAR WALT DRIVE FORT WALTON BEACH FL 32547  TILE  VICE President  CITY-ST-ZIP  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  Delete  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  DELET  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  NAME STREET ADDRESS CITY-ST-ZIP  TILE  NAME STREET ADDRESS CITY-ST-Z				
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 familia the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	909 MAR WALT DRIVE			
THE Obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Pitorida Department of State  10. OFFICERS AND DIRECTORS  TITLE  COOLEY, CANDACE M.D. STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547  TITLE  NAME STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  THE  NAME STREET ADDRESS CITY-ST-ZIP  THE  NAME STREET ADDRESS CITY-ST-ZIP  THE  Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP  THE  Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP  THE  Delete TITLE  Delete TITLE  THE  Delete TITLE  Delete TITLE  Delete TITLE  THE  Delete TITLE  Delete TITLE  THE  Delete TITLE  THE  Delete TITLE  THE  Delete TITLE  THE  THE  THE  THE  THE  THE  THE	15			
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  C  Delete	signature . F	<b>\$5.00</b> May Be		
TITLE  D  COOLEY, CANDACE M.D.  STREET ADDRESS CITY-ST-ZIP  FORT WALTON BEACH FL 32547  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  O Delete  TITLE	10.	ND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  TITLE  Delete  TITLE  CITY-ST-ZIP  TITLE  Delete  TITLE  CITY-ST-ZIP  TITLE  Delete  TITLE  CITY-ST-ZIP	NAME STREET ADDRESS	☐ Change ☐ Addition		
TITLE Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE  TITLE Delete TITLE  ODE DELETE TITLE  TITLE  ODE DELETE TITLE	NAME STREET ADDRESS	☐ Change ☐ Addition		
	NAME STREET ADDRESS	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	☐ Change ☐ Addition		
TITLE Delete TITLE CITATION  NAME  STREET ADDRESS CITY-ST-ZIP  Delete TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	☐ Change ☐ Addition		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

850862:800