


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-14-2003 90165 025 ***550.00

DOCUMENT # P99000058907

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



Principal Place of Business
**% C. JEFFREY MCINNIS, ESQ.
909 MAR WALT DR., SUITE 1014
FORT WALTON BEACH FL 32547**

Mailing Address
**% C. JEFFREY MCINNIS, ESQ.
909 MAR WALT DR., SUITE 1014
FORT WALTON BEACH FL 32547**



2. Principal Place of Business
OB/GYN Specialists of the Emerald Coast
Suite, Apt. #, etc.
924 Mar Walt Dr
City & State
Ft Walton Beach FL
Zip
32547 Country
US

3. Mailing Address
OB/GYN Specialists
Suite, Apt. #, etc.
924 Mar Walt Dr
City & State
Ft Walton Beach FL
Zip
32547 Country
US

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MCINNIS, C. JEFFREY
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547**

4. FEI Number
59-3585016 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLEY, CANDACE M.D. 924 MAR WALT DRIVE FORT WALTON BEACH FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kelly Armbruster 924 Mar Walt Dr Ft Walton Beach FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Candace Cooley **7-9-03 8508621800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)