

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121217

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** EMERALD COAST SPORTS MEDICINE AND ORTHOPAEDICS, P.A.

**Current Principal Place of Business:**

339 RACETRACK RD.  
SUITE 12  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

339 RACETRACK RD.  
SUITE 12  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 65-1160592      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCINNIS, C. JEFFREY  
909 MAR WALT DRIVE SUITE 1014  
FORT WALTON BEACH, FL 32547      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:** P  
**Name:** CHEN, LEO C MD  
**Address:** 339 RACETRACK RD. STE 12  
**City-St-Zip:** FORT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: LEO C CHEN, MD

P

04/06/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date