

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90117 023 \*\*\*150.00

**DOCUMENT # L50502**

1. Entity Name  
**EAST COAST MEDICAL NETWORK, INC.**

Principal Place of Business  
**C/O SUSAN GENTRY**  
**4401 VINELAND RD., SUITE A-9**  
**ORLANDO FL 32811**  
**US**

Mailing Address  
**C/O SUSAN GENTRY**  
**4401 VINELAND RD., SUITE A-9**  
**ORLANDO FL 32811**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/O Susan Gentry**  
 Suite, Apt. #, etc.  
**5728 Major Blvd. Ste 604**  
 City & State  
**Orlando FL**  
 Zip  
**32819**  
 Country  
**Orange**

3. Mailing Address

**5728 Major Blvd.**  
 Suite, Apt. #, etc.  
**Suite 604**  
 City & State  
**Orlando FL**  
 Zip  
**32819**  
 Country  
**Orange**

4. FEI Number  
**59-3001031**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GENTRY, SUSAN**  
**1246 ROYAL OAK DR.**  
**WINTER SPGS. FL 32708**

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.

SIGNATURE \_\_\_\_\_ (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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GENTRY, SUSAN</b>	
STREET ADDRESS	<b>1246 ROYAL OAK DR.</b>	
CITY-ST-ZIP	<b>WINTER SPGS. FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02** Date  
**407-648-5252** Daytime Phone #

CR2E034 (9/01)