

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50502

FILED
Jun 28, 2005
Secretary of State

Entity Name: EAST COAST MEDICAL NETWORK, INC.

Current Principal Place of Business:

C/O SUSAN GENTRY
5728 MAJOR BLVD. STE. 604
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5728 MAJOR BLVD.
STE 604
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3001031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENTRY, SUSAN
1246 ROYAL OAK DR.
WINTER SPGS., FL 32708 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: GENTRY, SUSAN,
Address: 1246 ROYAL OAK DR.
City-St-Zip: WINTER SPGS., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GENTRY, SUSAN,
Address: 1246 ROYAL OAK DR.
City-St-Zip: WINTER SPGS., FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN GENTRY

CEO

06/28/2005

Electronic Signature of Signing Officer or Director

_____ Date