


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L50502**  
 1. Entity Name  
 EAST COAST MEDICAL NETWORK, INC.



Principal Place of Business  
 C/O SUSAN GENTRY  
 6000 TURKEY LAKE ROAD, STE 209  
 ORLANDO, FL 32819 US

Mailing Address  
 6000 TURKEY LAKE ROAD  
 STE 209  
 ORLANDO, FL 32819 US

**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3001031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO GENTRY, SUSAN 1246 ROYAL OAK DR. WINTER SPGS., FL 32708
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 03/28/07-80058-012-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan Gentry Date: 3/16/07 Daytime Phone #: 407-648-5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR