

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50502

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

6000 TURKEY LAKE ROAD  
STE 209  
ORLANDO, FL 32819 US

**New Mailing Address:**

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

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

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: SUSAN GENTRY

CEO

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date