

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121217

FILED  
Mar 29, 2007  
Secretary of State

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

**Current Principal Place of Business:**

339 RACETRACK RD.  
12  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

339 RACETRACK RD  
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 ( ) Delete  
Name: CHEN, LEO C MD  
Address: 339 RACETRACK RD.  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
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 supplied with this filing does not qualify for the for the exemption stated 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 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: LEO C CHEN MD

P

03/29/2007

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

\_\_\_\_\_  
Date