2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2005
Secretary of State

DOCUMENT# P04000113131

Entity Name: EMERALD COAST SURGERY, INC.

Current Principal Place of Business:

4400 E. HIGHWAY 20
SUITE 501
NICEVILLE, FL 32578 US

New Principal Place of Business:

339 NW RACETRACK ROAD
SUITE 12
FT WALTON BEACH, FL 32547 US

Current Mailing Address:

4014 DRIFTING SOUND TRAIL
DESTIN, FL 32541 US

New Mailing Address:

4014 DRIFTING SAND TRAIL
DESTIN, FL 32541 US

FEI Number: 20-1443393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASEMSAP, PACHAVIT
4400 E. HIGHWAY 20
SUITE 501
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

KASEMSAP, PACHAVIT
4014 DRIFTING SAND TRAIL
DESTIN, FL 32541 US

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: PACHAVIT KASEMSAP 02/20/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KASEMSAP, PACHAVIT
Address: 4014 DRIFTING SOUND TRAIL
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: KASEMSAP, PACHAVIT
Address: 4014 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541 US

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: PACHAVIT KASEMSAP DR. 02/20/2005
Electronic Signature of Signing Officer or Director Date