

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002230

FILED
Feb 10, 2006
Secretary of State

Entity Name: EAST COAST MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1500 N.W. 10TH AVENUE
SUITE 205
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1500 N.W. 10TH AVENUE
SUITE 205
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0366342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAGER, MARC MD
1500 N.W. 10TH AVENUE
SUITE 205
BOCA RATON, FL 33486 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: FRAGER, MARC MD
Address: 1500 NW 10TH AVENUE #205
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: VALK, TIMOTHY MD
Address: 1500 NW 10TH AVENUE #205
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: VINIK, BRYAN .D.
Address: 1500 NW 10TH AVE STE.,#205
City-St-Zip: BOCA RATON, FL 33406

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRAGER, MARC MD
Address: 1500 NW 10TH AVENUE SUITE 205
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change () Addition
Name: VALK, TIMOTHY MD
Address: 1500 NW 10TH AVENUE SUITE 205
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change () Addition
Name: VINIK, BRYAN MD
Address: 1500 NW 10TH AVENUE SUITE 205
City-St-Zip: BOCA RATON, FL 33486

Title: D () Change (X) Addition
Name: RODRIGUEZ, ROLANDO MD
Address: 1500 NW 10TH AVENUE SUITE 205
City-St-Zip: BOCA RATON, FL 33486

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: MARC FRAGER, MD

PRES

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date