

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002230

Entity Name: EAST COAST MEDICAL ASSOCIATES, INC.

FILED  
Apr 22, 2011  
Secretary of State

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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: MARC FRAGER

D

04/22/2011

Electronic Signature of Signing Officer or Director

Date