

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000103735 (2) 1. Corporation Name EAST COAST MEDICAL OF FLORIDA, INC.			
Principal Place of Business 3109 STERLING ROAD, #201 FT. LAUDERDALE FL 33312		Mailing Address 3109 STERLING ROAD, #201 FT. LAUDERDALE FL 33312	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 12/20/1996		4. FEI Number 65-0722535 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KETOVER, STEVE M 3109 STERLING ROAD, #201 FT. LAUDERDALE FL 33312		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP 12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP 12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-ST-ZIP 12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-ST-ZIP 12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY-ST-ZIP 12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY-ST-ZIP 12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY-ST-ZIP 12.45 TITLE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY-ST-ZIP 12.49 TITLE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY-ST-ZIP 12.53 TITLE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY-ST-ZIP 12.57 TITLE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY-ST-ZIP 12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY-ST-ZIP 12.65 TITLE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY-ST-ZIP 12.69 TITLE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY-ST-ZIP 12.73 TITLE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY-ST-ZIP 12.77 TITLE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY-ST-ZIP 12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY-ST-ZIP 12.85 TITLE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY-ST-ZIP 12.89 TITLE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY-ST-ZIP 12.93 TITLE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY-ST-ZIP 12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP 13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP 13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP 13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP 13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP 13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP 13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP 13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP 13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP 13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP 13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP 13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP 13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP 13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP 13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with a address.	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

SIGNATURE:

[Signature]

4/22/98

954-303-1919