

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 06, 2006  
Secretary of State**

DOCUMENT# P97000073331

Entity Name: EAST COAST MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

6805 S. U.S. HWY 1  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

7664 S US HWY ONE  
UNIT 5  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

6805 S. U.S. HWY 1  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

7664 S US HWY ONE  
PORT ST LUCIE, FL 34986

FEI Number: 65-0771256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCOBAR, JUAN  
1225 N.W. PINE LAKE DR.  
STUART, FL 34994 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: JUAN ESCOBAR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ESCOBAR, JUAN  
Address: 1225 NW PINE LAKE DR  
City-St-Zip: STUART, FL 34997

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN ESCOBAR

PS

10/06/2006

Electronic Signature of Signing Officer or Director

Date