

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073331

**FILED**  
**May 31, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

7664 S US HWY ONE  
UNIT 1  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

7664 S US HWY ONE  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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: JUAN ESCOBAR

MD

05/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date