

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000068402**1. Entity Name
EAST COAST MEDICAL SERVICES OF THE KEYS, INC.Principal Place of Business
6471 3RD STREET
KEY WEST FL 33040
Mailing Address
P O BOX 420333
SUMMERLAND KEY FL 330422. Principal Place of Business
3134 NORTHSIDE DRIVE
3. Mailing Address
Suite, Apt. #, etc.
SUITE 101-BSuite, Apt. #, etc.
SUITE 101-BCity & State
KEY WEST FL
City & StateZip
33040
Country
Zip
Country4. FEI Number
65-0937634
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALONE KELLI
6471 3RD STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name
MALONE KELLI
Street Address (P.O. Box Number is Not Acceptable)
3134 NORTHSIDE DRIVE
SUITE 101-B
City
KEY WEST FL Zip Code
33040

8. 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 _____ 01/09/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FONSECQ IVIS
STREET ADDRESS 32 LOBSTERTAIL RD.
CITY-ST-ZIP BIG PINE KEY FL 33043TITLE D ☐ Delete
NAME MALONE KELLI
STREET ADDRESS 6471 3RD STREET
CITY-ST-ZIP KEY WEST FL 33040TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME MALONE KELLI
STREET ADDRESS 3134 NORTHSIDE DRIVE SUITE 101-B
CITY-ST-ZIP KEY WEST FL 33040TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelli Malone

Pres 01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)