2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

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Entity Name: EAST COAST MEDICAL SERVICES OF THE KEYS, INC.

Current Principal Place of Business:

3134 NORTHSIDE DRIVE
SUITE 101-B
KEY WEST, FL 33040

New Principal Place of Business:

3154 NORTHSIDE DRIVE
SUITE 201
KEY WEST, FL 33040

Current Mailing Address:

P O BOX 420333
SUMMERLAND KEY, FL 33042

New Mailing Address:

FEI Number: 65-0937634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONE, KELLI
3134 NORTHSIDE DRIVE
SUITE 101-B
KEY WEST, FL 33040

Name and Address of New Registered Agent:

MALONE, KELLI
3154 NORTHSIDE DRIVE
SUITE 200
KEY WEST, FL 33040

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: _____ 01/11/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FONSECQ, IVIS
Address: 32 LOBSTERTAIL RD.
City-St-Zip: BIG PINE KEY, FL 33043

Title: D ( ) Delete
Name: MALONE, KELLI
Address: 3134 NORTHSIDE DRIVE SUITE 101-B
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition
Name: FONSECQ, IVIS D MRS
Address: 32 LOBSTERTAIL RD.
City-St-Zip: BIG PINE KEY, FL 33043

Title: MRS (X) Change ( ) Addition
Name: MALONE, KELLI D MRS
Address: 3154 NORTHSIDE DRIVE SUITE 200
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLI D MALONE MRS 01/11/2002
Electronic Signature of Signing Officer or Director — Date