

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068402

FILED
Jul 28, 2005
Secretary of State

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

Current Principal Place of Business:

3154 NORTHSIDE DRIVE
SUITE 201
KEY WEST, FL 33040

New Principal Place of Business:

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
3154 NORTHSIDE DRIVE
SUITE 200
KEY WEST, FL 33040 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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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.

07/28/2005

Electronic Signature of Signing Officer or Director

Date