# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2008**
**Secretary of State**

DOCUMENT# P99000068402

**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:**

3201 FLAGLER AVE
#504
KEY WEST, FL 33040

**Current Mailing Address:**

P O BOX 420333
SUMMERLAND KEY, FL 33042

**New Mailing Address:**

3201 FLAGLER AVE
#504
KEY WEST, FL 33040

**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:**

MALONE, KELLI
3201 FLAGLER AVE
#504
KEY WEST, FL 33040 US

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: _____ 05/08/2008
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: MRS (X) Change ( ) Addition
Name: MALONE, KELLI D MRS
Address: 3201 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

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

I hereby certify that the information supplied with this filing does not qualify 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: KELLI D MALONE MRS 05/08/2008
Electronic Signature of Signing Officer or Director — Date