2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P99000068402

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

Current Principal Place of Business:

3201 FLAGLER AVE
#504
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

3201 FLAGLER AVE
#504
KEY WEST, FL 33040

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
3201 FLAGLER AVE
#504
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

OFFICERS AND DIRECTORS:

Title: PRES
Name: MALONE, KELLI D MRS
Address: 3201 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: DIR
Name: PEREZ, CARLOS G
Address: 1317 6TH ST
City-St-Zip: KEY WEST, FL 33040

Title: MGR
Name: FAVORS, CARRI A
Address: 15763 FISHHAWK FALLS DR
City-St-Zip: LITHIA, FL 33547

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: KELLI D MALONE PRES 03/29/2011

Electronic Signature of Signing Officer or Director — Date