

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V58257

1. Entity Name
**EMERALD COAST INDEPENDENT SURGICAL
AFFILIATES, INC.**



Principal Place of Business
**928-D MARWALT DRIVE
FT. WALTON BEACH, FL**

Mailing Address
**928-D MARWALT DRIVE
FT. WALTON BEACH, FL**



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3141922

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, WILLIAM R M
928D MARWALT DR
FT WALTON BCH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARSHALL, WILLIAM R.
STREET ADDRESS	928-D MARWALT DR.
CITY - ST - ZIP	FT. WALTON BCH., FL
TITLE	TD
NAME	BARKER, GENE G C
STREET ADDRESS	928-D MARWALT DR.
CITY - ST - ZIP	FT. WALTON BCH., FL
TITLE	SD
NAME	MACEY, THEODORE I
STREET ADDRESS	928-D MR WALT DR
CITY - ST - ZIP	FORT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000057628
02/19/04-80068-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theodore I Macey **THEODORE I MACEY** 2/16/04 (RSD) 8102-7403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # X-134