

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-17-2007 90040 043 ***150.00

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**

66018818



06062007 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore Macey Officer

4/30/07 (850) 863-2153

Date

Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/17/2007-90040-043-\$150.00-\$150.00

DOCUMENT # V58257 1. Entity Name EMERALD COAST INDEPENDENT SURGICAL AFFILIATES, INC.						<h2 style="margin: 0;">ATTACHMENT</h2>	
Principal Place of Business 928-D MARWALT DRIVE FT. WALTON BEACH, FL				Mailing Address 928-D MARWALT DRIVE FT. WALTON BEACH, FL			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3141922				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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				7. Name and Address of New Registered Agent Name Marshall Holdings, LLC Street Address (P.O. Box Number is Not Acceptable) 928-D mar walt Drive City Ft. Walton Beach FL 32547			
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: <i>Theodore Macey</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 4/30/07 <small>(NOTE: Registered Agents signature required when renewing)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSHALL, WILLIAM R. 928-D MARWALT DR. FT. WALTON BCH., FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marshall Holdings, LLC 928-D mar walt Drive Ft. Walton Beach, FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARKER, GENE G C 928-D MARWALT DR. FT. WALTON BCH., FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Macey Family Management LLC 928-D mar walt Drive Ft. Walton Beach, FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACEY, THEODORE I 928-D MR WALT DR FORT WALTON BEACH, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	The J & A Thackeray Family Management Co 928-D mar walt Drive Ft. Walton Beach, FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phantom 300, LLC 928-D mar walt Drive Ft. Walton Beach, FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Theodore Macey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/30/07 (850) 863-2153 <small>Daytime Phone #</small>			