2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI

DOCUMENT # V58257

1. Entity Name

Principal Place of Business

928-D MARWALT DRIVE

FT. WALTON BEACH, FL

1. EMITY NAME EMERALD COAST INDEPENDENT SURGICAL AFFILIATES, INC.



Mailing Address

928-D MARWALT DRIVE FT. WALTON BEACH, FL

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

05-17-2007 90040 043 ***150.00

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DO NOT V	VRITE IN	THIS	SPACE
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06062007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3141922 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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.	Signitium, typed or printed name of registered agent and its	e if applicable. (NOTE: F	Tegistered Agent signatur	required when reinstating)	DATE	
	LE NOWIII FEE IS \$550.00 no by September 14, 2007	Election Campaign Trust Fund Contrib	· · ·	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE DP MARSHALL, WILLIAM R. 928-D MARWALT DR. FT. WALTON BCH., FL	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-20P	TD BARKER, GENE G C 928-D MARWALT DR. FT. WALTON BCH., FL					
TITLE NAME STREET ADDRESS CITY-ST-20P	SD MACEY, THEODORE I 928-0 MR WALT DR FORT WALTON BEACH, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZEP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE MANUE STREET ADDRESS CITY-ST-ZIP						
indicated of the cor	on this report or supplemental report is true	and accurate and that my ed to execute this report as	signature shall have	ve the same legal effe	 Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if 	

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name EMERALI	DOCUMENT # V58257 1. Enlity Name EMERALD COAST INDEPENDENT SURGICAL AFFILIATES, INC.						ATTACHMENT					
Principal Place of Business 928-D MARWALT DRIVE FT. WALTON BEACH, FL		92	Mailing Address 928-D MARWALT DRIVE FT. WALTON BEACH, FL		,			(a 10	9010		uæil	
Principal Place of Business - No P.O. Box # 3. Mailing Address					tu	06018	DDID)] [B41			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192007	Chg-P	CR2E034 (12/06)				
City & State	9		a	ty & State				4. FEI Number 59-3141922			-	plied For Applicable
Zip		Country	Zi	P	Coun	itry		5. Certificate	of Status Desired		75 Add Required	
	6. Name	and Address of Curre	nt Regists	red Agent		Name a		7. Name and Address of New Registered Agent				
MARSHAL						Street Address (P.O. Box Number is Not Addentable)						
928D MARWALT DR FT WALTON BCH, FL 32547				028	D	mar walt Drive						
						Cint	. h//	11ton 1	beach		Zip Code	run
	named only	submits this statemen	for the pu	rpose of changing its	register	ed affice or r	register	ed agent, or bo	xh, in the State of F	Rorida. I am tamil	iar with,	and accept
ASIGNATURE:	1/2	vlne &	m	eus						4/30/0	7	
	Signature, typed	or printed name of registered ac	pert and title if I	pphrashe. (NOT	Pagetare	d Agent signitum	ne required	when rendstric)		DATE		
		FEE IS \$150.00 7 Fee will be \$55	0.00	9. Election Campai Trust Fund Cont		naing		00 May Be ed to Fees			_	
10.	100	OFFICERS A	ND DIRECT		11.		. 4		CHANGES TO OF			
TITLE NAME	DP Marsha	LL. WILLIAM R.		C Deteta	TITL		NOU	Shall	Holding:	S, LLY 14	Change	Addition
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NAME Street accoress	1	, GENE G C VRWALT DR.			NAM STRE	ET ADDRESS						
CITY-\$1-ZIP	FT, WALT	TON BCH., FL			1	-S1- <i>D</i> P				A		
TITLE NAME	SD MACEY	THEODORE I		☐ Delete	TITLE		Mace	ly Famil	y Manager Jaux Bri	ment lute	Change	Addition
STREET ADDRESS		WALT DR				ET ADDRESS	188-C	smar v	jaut bri	ve.	-	
City-Si-Zit	FORT W	ALTON BEACH, FL			_				Beach			
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CATY-ST-ZAP TITLE				Defete	mu			Marto	n peach	1,12000	Change	(DAO)dition
NAME					KAM	E /	ZA W	MODINI Ma	rhalt	EDrive		90
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TITLE				☐ Delete	IITU		/				Change	Addition
NAME STREET ADDRESS	ŀ				HAM. STRE	E ADDRESS						ļ
CITY-ST-ZIP				···········		-51-77						
indicatéd	I on this repo	e information supplied v art or supplemental repo the receiver or trustee as	rt is true an	id accurate and that r	ny signa	ture shell ha	ive the s	same legal effe	ct as if made under	r oath; thal I am a	n 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 appenderss, with all other like empowered.												
SIGNATURE: BY THE DAY PRINTED BY												