

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90054 049 \*\*\*150.00

<b>DOCUMENT # V58257</b> 1. Entity Name <b>EMERALD COAST INDEPENDENT SURGICAL AFFILIATES, INC.</b>					
Principal Place of Business <b>928-D MARWALT DRIVE FT. WALTON BEACH, FL</b>			Mailing Address <b>928-D MARWALT DRIVE FT. WALTON BEACH, FL</b>		
2. Principal Place of Business - No P.O. Box # <b>1034 MAR WALT DR.</b>			3. Mailing Address <b>same</b>		
Suite, Apt. #, etc. <b>STE. 310</b>			Suite, Apt. #, etc. <b>same</b>		
City & State <b>FT. Walton Beach, FL</b>			City & State <b>same</b>		
Zip <b>32547</b>		Country <b>OKaloosa</b>		4. FEI Number <b>59-3141922</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARSHALL, WILLIAM R M <del>928-D MARWALT DR</del> FT WALTON BCH, FL 32547</b>			7. Name and Address of New Registered Agent  Name <b>1034 MAR WALT DR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>STE. 310</b> City <b>FL</b> Zip Code		
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:  DATE: <b>4/2/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSHALL, WILLIAM R. <del>928-D MARWALT DR</del> FT. WALTON BCH., FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1034 MAR WALT DR, STE. 310 Fort Walton Beach, FL 32547</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARKER, GENE G C <del>928-D MARWALT DR</del> FT. WALTON BCH., FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>same as above</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACEY, THEODORE I <del>928-D MAR WALT DR</del> FORT WALTON BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>same as above</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			Date: <b>4/2/08</b> Daytime Phone #: <b>(850) 315-9207</b>		

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