

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58257

FILED
Sep 01, 2009
Secretary of State

Entity Name: EMERALD COAST INDEPENDENT SURGICAL AFFILIATES, INC.

Current Principal Place of Business:

1034 MAR WALT DR.
STE. 310
FORT WALTON BEACH, FL 32547

Current Mailing Address:

928-D MARWALT DRIVE
FT. WALTON BEACH, FL

New Principal Place of Business:

1013 MAR WALT DRIVE
SUITE A
FORT WALTON BEACH, FL 32547

New Mailing Address:

1013 MAR WALT DRIVE
SUITE A
FORT WALTON BEACH, FL 32547

FEI Number: 59-3141922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, WILLIAM R M
1034 MAR WALT DR.
STE 310
FT WALTON BCH, FL 32547 US

Name and Address of New Registered Agent:

KALIN, PAUL J DPM
1013 MAR WALT DRIVE
SUITE A
FT WALTON BCH, FL 32547 US

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: PAUL J KALIN DPM

09/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARSHALL, WILLIAM R
Address: 1034 MAR WALT DR., STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD () Delete
Name: BARKER, GENE G C
Address: 1034 MAR WALT DR, STE. 310
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD () Delete
Name: MACEY, THEODORE I
Address: 1034 MAR WALT DR, STE. 310
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KALIN, PAUL J DPM
Address: 1013 MAR WALT DRIVE SUITE A
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP1 (X) Change () Addition
Name: FOSSUM, BASIL D MD
Address: 914 B MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP2 (X) Change () Addition
Name: KELLER, HARRISON B MD
Address: 928 B MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL J KALIN, DPM

PRES

09/01/2009

Electronic Signature of Signing Officer or Director

Date