2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2010
Secretary of State

DOCUMENT# V58257

Entity Name: EMERALD COAST INDEPENDENT SURGICAL AFFILIATES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3141922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: VP2
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 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 all other like empowered.

SIGNATURE: PAUL J. KALIN, DPM PRES 04/15/2010

Electronic Signature of Signing Officer or Director — Date