

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L50502

**Entity Name:** EAST COAST MEDICAL NETWORK, INC.

**Current Principal Place of Business:**

ANDREW BAKER  
6000 TURKEY LAKE ROAD, STE 208  
ORLANDO, FL 32819

**Current Mailing Address:**

ANDREW BAKER  
6000 TURKEY LAKE ROAD, STE 208  
ORLANDO, FL 32819 US

**FEI Number:** 59-3001031

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAKER, ANDREW  
ANDREW BAKER  
6000 TURKEY LAKE ROAD, STE 208  
ORLANDO, FL 32819 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:** ANDREW BAKER

09/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT AND CEO

Title            DIRECTOR OF OPERATIONS

Name           BAKER, ANDREW

Name           STAFFELLI, MELISSA

Address        C/O SUSAN GENTRY  
6000 TURKEY LAKE ROAD, STE 208

Address        6000 TURKEY LAKE ROAD, STE 208  
6000 TURKEY LAKE ROAD, STE 208

City-State-Zip: ORLANDO FL 32819

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*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:** ANDREW BAKER

**PRESIDENT**

09/26/2024

Electronic Signature of Signing Officer/Director Detail

Date