

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50502

Entity Name: EAST COAST MEDICAL NETWORK, INC.

Current Principal Place of Business:

C/O SUSAN GENTRY
6000 TURKEY LAKE ROAD, STE 208
ORLANDO, FL 32819

Current Mailing Address:

C/O SUSAN GENTRY
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:

GENTRY, SUSAN
C/O SUSAN GENTRY
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: SUSAN GENTRY

04/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT AND CEO

Name GENTRY, SUSAN

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

City-State-Zip: ORLANDO FL 32819

Title DIRECTOR OF OPERATIONS

Name STAFFELLI, MELISSA

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

City-State-Zip: ORLANDO FL 32819

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: MELISSA STAFFELLI

**DIRECTOR OF
OPERATIONS**

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date