2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# 601985

Entity Name: FLORIDA ANESTHESIA PROFESSIONALS, P.A.

Current Principal Place of Business:

6072 RALEIGH STREET
APT 1905
ORLANDO, FL 32835

New Principal Place of Business:

11948 PROVINCIAL WAY
WINDERMERE, FL 34786

Current Mailing Address:

6072 RALEIGH STREET
APT 1905
ORLANDO, FL 32835

New Mailing Address:

11948 PROVINCIAL WAY
WINDERMERE, FL 34786

FEI Number: 56-0946430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADDONIZIO, MARK A M.D.
6072 RALEIGH STREET
APT 1905
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

ADDONIZIO, MARK A M.D.
11948 PROVINCIAL WAY
WINDERMERE, FL 34786 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: 01/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADDONIZIO, MARK A
Address: 6072 RALEIGH STREET APT 1905
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADDONIZIO, MARK A
Address: 11948 PROVINCIAL WAY
City-St-Zip: WINDERMERE, FL 34786

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: MARK ADDONIZIO PD 01/22/2008
Electronic Signature of Signing Officer or Director — Date