2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# 681583

Entity Name: CLINICAL PHYSIOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

4110 CENTER POINTE DE, STE 219
C/O KEN ASCHOM
FT. MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

4502 POND APPLE DR N
C/O KEN ASCHOM
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 59-2000392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASCHOM, KENNETH, A, VICE PRESIDENT
4502 POND APPLE DRIVE N
NAPLES, FL 34119 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

OFFICERS AND DIRECTORS:

Title: VP
Name: ASCHOM, KENNETH A
Address: 4110 CENTER POINTE DR, SUITE 219
City-St-Zip: FT MYERS, FL 33916

Title: PRES
Name: ASCHOM, LINDA F
Address: 4110 CENTER POINTE DR #219
City-St-Zip: FORT MYERS, FL 33916

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: KENNETH A ASCHOM VP 01/03/2011

Electronic Signature of Signing Officer or Director — Date