2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# P04000064097

Entity Name: SLEEPY HOLLOW ANESTHESIA, INC.

Current Principal Place of Business:

18061 RIVERCHASE CT.
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

18061 RIVERCHASE CT.
ALVA, FL 33920

New Mailing Address:

FEI Number: 20-1018638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'AUGUSTA, DENNIS
18061 RIVERCHASE CT.
ALVA, FL 33920 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: PTD
Name: D'AUGUSTA, DENNIS
Address: 18061 RIVERCHASE CT.
City-St-Zip: ALVA, FL 33920

Title: SD
Name: KAABER, VIRGINIA
Address: 18061 RIVERCHASE CT.
City-St-Zip: ALVA, FL 33920

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: DENNIS D'AUGUSTA PRES 03/29/2012

Electronic Signature of Signing Officer or Director — Date