2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P97000045499

Entity Name: MANATEE ANESTHESIA AND PAIN ASSOCIATES, P.A.

Current Principal Place of Business:

C/O MANATEE MEMORIAL HOSPITAL,ANESTHESIA
206 SECOND STREET EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

C/O MANATEE MEMORIAL HOSPITAL,ANESTHESIA
206 SECOND STREET EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 65-0755374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMRICK,PERREY,QUINLAN, SMITH PA
601 12TH ST W
BRADENTON, FL 34205 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEINGARTEN, JONAS
Address: 4607 5TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221

Title: VP ( ) Delete
Name: VILASI, JOSEPH A
Address: 7613 PINE VALLEY STREET
City-St-Zip: BRADENTON, FL 34202

Title: VP ( ) Delete
Name: VILASI, JOHN
Address: 4511 SUMMER COVE DRIVE EAST APT 435
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: VILASI, JOHN
Address: 13318 PALMERS CREEK TERRACE
City-St-Zip: BRADENTON, FL 34202

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: JONAS WEINGARTEN DR. 01/28/2009

Electronic Signature of Signing Officer or Director — Date