2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

1511 S.W. 1ST AVE.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478

New Mailing Address:

PO DRAWER 3130
OCALA, FL 34478 US

FEI Number: 59-3543180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTES, JOSE ESQ
4 SE BROADWAY
OCALA, FL 34471 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: MGR
Name: ROBERTIE, PAUL G M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: PALMIRE, VINCENT C M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: MIKOWSKI, S. MICHAEL D.O
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: HARRISON, LAWRENCE R
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: DEPUTAT, MIKHAIL M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

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: VINCENT C. PALMIRE, M.D. MGR 03/12/2010

Electronic Signature of Signing Officer or Director — Date