2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# H15858

Entity Name: MENDES AND BATTAGLINI, M.D.'S, P.A.

Current Principal Place of Business:

1601 S. APOLLO BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1601 S. APOLLO BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2440623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, JOEL E.
6767 N WICKHAM RD
SUITE 306
MELBOURNE, FL 32940 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: PD
Name: MENDES, ORMOND C., M.D.
Address: 1601 S. APOLLO BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: STD
Name: BATTAGLINI, JAMES W., MD
Address: 1601 S. APOLLO BLVD.
City-St-Zip: MELBOURNE, FL

Title: S
Name: MENDES, JUDITH
Address: 1601 S APOLLO BLVD
City-St-Zip: MELBOURNE, FL

Title: S
Name: BATTAGLINI, JANICE
Address: 1601 S APOLLO BLVD
City-St-Zip: MELBOURNE, FL

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: JUDITH MENDES S 02/22/2011

Electronic Signature of Signing Officer or Director — Date