2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# 493902

Entity Name: NORTH BREVARD CHILDREN'S MEDICAL CENTER, P.A.

Current Principal Place of Business:

1653 JESS PARRISH CT.
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1653 JESS PARRISH CT.
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-1637387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARIMO, DOUGLAS G MD
1653 JESS PARRISH COURT
TITUSVILLE, FL 32796 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: BARIMO, DOUGLAS G
Address: 1653 JESS PARRISH CT.
City-St-Zip: TITUSVILLE, FL 32796

Title: VDST
Name: RAMAN, RAVI G
Address: 1653 JESS PARRISH CT.
City-St-Zip: TITUSVILLE, FL 32796

Title: STD
Name: RAMAN, RAVI G
Address: 1653 JESS PARRISH CT
City-St-Zip: TITUSVILLE, FL 32796

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: DOUGLAS G. BARIMO PD 02/21/2011

Electronic Signature of Signing Officer or Director — Date