2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# 601793

Entity Name: ANESTHESIA ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

567 AVENUE K S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

567 AVENUE K S.E.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-1278346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINGENFELTER, ALAN L.
567 AVENUE K S.E.
WINTER HAVEN, FL 33880 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: SD
Name: OTTAIANO, DOMENIC V MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: PUIG, ENRIQUE MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD
Name: LINGENFELTER, ALAN L, MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: ECKERT, JORDEN MD
Address: 567 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: MYERS, WILLIAM P M
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: DRUM, JERRY B, MD
Address: 567 AVENUE K S.E.
City-St-Zip: WINTER HAVEN, FL 33880

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: ALAN L. LINGENFELTER DR 01/04/2011

Electronic Signature of Signing Officer or Director — Date