2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 602296

FILED Aug 19, 2011 Secretary of State

Entity Name: CARDIOVASCULAR SURGEONS, P.A.,

Current Principal Place of Business: New Principal Place of Business:

217 HILLCREST STREET ORLANDO, FL 328011211

Current Mailing Address: New Mailing Address:

217 HILLCREST STREET ORLANDO, FL 328011211

FEI Number: 59-1299776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DICKSON, STEVEN E 217 HILLCREST ST. ORLANDO, FL 32801 US

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: PALMER, GEORGE J III
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: ASD

Name: SUAREZ, JORGE
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: VD

Name: ACCOLA, KEVIN
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

Title: ATD

Name: BOTT, JEFFREY

Address: 217 HILLCREST STREET City-St-Zip: ORLANDO, FL 32801

Title: TD

Name: SAND, MARK E

Address: 217 HILLCREST STREET City-St-Zip: ORLANDO, FL 32801

Title: PD

Name: THOMPSON, PAUL
Address: 217 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32801

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: PAUL A. THOMPSON PD 08/19/2011

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CARDIOVASCULAR SURGEONS, P.A.

Additional Officers/Directors:

AT BOTTA, DONALD M., JUL. 217 HILLCREST STREET ORLANDO, FL 32801