2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2012
Secretary of State

DOCUMENT# G42449

Entity Name: S. DEVARAKONDA, M.D., P.A.

Current Principal Place of Business:

1507 W REYNOLDS ST
STE B
PLANT CITY, FL 33567 US

New Principal Place of Business:

1507 W REYNOLDS ST
STE B
PLANT CITY, FL 33563 US

Current Mailing Address:

1507 W REYNOLDS ST
STE B
PLANT CITY, FL 33567 US

New Mailing Address:

1507 W REYNOLDS ST
STE B
PLANT CITY, FL 33563 US

FEI Number: 59-2105971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVARAKONDA, S MD
1507 W REYNOLDS ST
STE B
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

DEVARAKONDA, S MD
1507 W REYNOLDS ST
STE B
PLANT CITY, FL 33563 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: _____ 02/29/2012

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD
Name: DEVARAKONDA, S MD
Address: 1507 W REYNOLDS STREET, STE B
City-St-Zip: PLANT CITY, FL 33563

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: S.DEVARAKONDA PRES 02/29/2012

Electronic Signature of Signing Officer or Director — Date