2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# K96835

Entity Name: ATLANTIC COAST ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

2112 S US HWY 1
STE 201
FORT PIERCE, FL 34950

New Principal Place of Business:

850 NW FEDERAL HIGHWAY
STE 133
STUART, FL 34994

Current Mailing Address:

2112 S US HWY 1 STE 201
FORT PIERCE, FL 34950

New Mailing Address:

850 NW FEDERAL HIGHWAY
STE 133
STUART, FL 34994

FEI Number: 65-0123516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STACI L. LUDWIG CPA PA
2112 S US HWY 1 STE 201
FORT PIERCE, FL 34950 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DRABIN, STEPHANIE
Address: 2112 S US HWY 1 STE 201
City-St-Zip: FORT PIERCE, FL 34950

Title: TS ( ) Delete
Name: CRISPIN, JULIE
Address: 2112 S US HWY 1 STE 201
City-St-Zip: FORT PIERCE, FL 34950

Title: P ( ) Delete
Name: LANGER, STEVEN
Address: 2112 S US HWY 1 STE 201
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. JULIE CRISPIN TREA 03/18/2009

Electronic Signature of Signing Officer or Director — Date