2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2012
Secretary of State

DOCUMENT# L11000010472

Entity Name: HEMORRHOID TREATMENT CENTER OF FLORIDA, LLC

Current Principal Place of Business:

1700 N MCMULLEN BOOTH ROAD
SUITE C
CLEARWATER, FL 33759

New Principal Place of Business:

561 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

Current Mailing Address:

1700 N MCMULLEN BOOTH ROAD
SUITE C
CLEARWATER, FL 33759

New Mailing Address:

561 SOUTH DUNCAN AVENUE
CLEARWATER, FL 33756

FEI Number: 59-1894560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVID H SHAPIRO MD, PA
1700 N MCMULLEN BOOTH ROAD
SUITE C
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

DAVID H SHAPIRO MD, PA
561 SOUTH DUNCAN AVENUE
SUITE C
CLEARWATER, FL 33756 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: 01/15/2012

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SHAPIRO, DAVID H MD
Address: 561 SOUTH DUNCAN AVENUE
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: DAVID H SHAPIRO MD PRES 01/15/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date