2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

DOCUMENT# L56689

Entity Name: ALAN S. KRIMSLEY, M.D., P.A.

Current Principal Place of Business:

% ALAN S. KRIMSLEY, M.D.
408 SW MAGNOLIA COVE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

ALAN S KRIMSLEY, MD
408 SW MAGNOLIA COVE
PORT ST LUCIE, FL 34986

Current Mailing Address:

% ALAN S. KRIMSLEY, M.D.
408 SW MAGNOLIA COVE
PORT ST. LUCIE, FL 34986

New Mailing Address:

ALAN S KRIMSLEY, MD
408 SW MAGNOLIA COVE
PORT ST LUCIE, FL 34986

FEI Number: 65-0182478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRIMSLEY, ALAN S D
408 SW MAGNOLIA COVE
PORT ST. LUCIE, FL 34986 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: D
Name: KRIMSLEY, ALAN S D
Address: 408 SW MAGNOLIA COVE
City-St-Zip: PT. ST. LUCIE, FL 34986 US

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: JW GAINES CPA 01/26/2011

Electronic Signature of Signing Officer or Director — Date