2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# L72421

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

Current Principal Place of Business:

101 N. SEWELLS PT RD.
STUART, FL 34996 US

New Principal Place of Business:

101 N. SEWALLS PT RD.
STUART, FL 34996 US

Current Mailing Address:

101 N. SEWELLS PT RD.
STUART, FL 34996 US

New Mailing Address:

P.O. BOX 1106
STUART, FL 34995 US

FEI Number: 65-0340211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGRAM, KEITH E M.D.
101 N. SEWELLS PT RD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

INGRAM, KEITH E M.D.
101 N. SEWALLS PT RD.
STUART, FL 34996 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: _____ 03/18/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDTC ( ) Delete
Name: INGRAM, KEITH E M.D.
Address: 101 N. SEWELLS PT RD.
City-St-Zip: STUART, FL 34996 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: INGRAM, KEITH E M.D.
Address: 101 N. SEWALLS PT RD.
City-St-Zip: STUART, FL 34996 US

Title: VPS ( ) Change (X) Addition
Name: INGRAM, LINDA
Address: 101 N. SEWALLS PT RD.
City-St-Zip: STUART, FL 34996 US

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: KEITH E INGRAM M.D. PT 03/18/2009
Electronic Signature of Signing Officer or Director — Date