2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# L72421

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

Current Principal Place of Business:

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

New Principal Place of Business:

556 SW ST LUCIE CRESCENT
STUART, FL 34994 US

Current Mailing Address:

P.O. BOX 1106
STUART, FL 34995 US

New Mailing Address:

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. SEWALLS PT RD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

INGRAM, KEITH E M.D.
556 SW ST LUCIE CRESCENT
STUART, FL 34994 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: 04/27/2012

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT
Name: INGRAM, KEITH E M.D.
Address: 556 SW ST LUCIE CRESCENT.
City-St-Zip: STUART, FL 34994 US

Title: VPS
Name: INGRAM, LINDA
Address: 556 SW ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994 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: KEITH E INGRAM PRES 04/27/2012

Electronic Signature of Signing Officer or Director — Date