2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FLORIDA DENTAL SOCIETY OF ANESTHESIOLOGY, INC.

Current Principal Place of Business:

2301 PARK AVENUE
SUITE 101
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 444
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 56-2374491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAYNER, CLIVE B DMD
2301 PARK AVENUE
SUITE 101
ORANGE PARK, FL 32073 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: DR.
Name: LLANO, CHARLES DDS
Address: 320 W. HIGHLAND DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: DR.
Name: TILLERY, DON DMD, JR
Address: 800 W. MORSE BLVD. SUITE 2
City-St-Zip: WINTER PARK, FL 32789

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRICIA CROSS A.D. 01/08/2012

Electronic Signature of Signing Officer or Director — Date