2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008167

FILED Apr 13, 2011 Secretary of State

Entity Name: FLORIDA PATIENT SAFETY CORPORATION

Current Principal Place of Business: New Principal Place of Business:

3021 SAWGRASS CIRCLE TALLAHASSEE, FL 32309 US

Current Mailing Address: New Mailing Address:

3021 SAWGRASS CIRCLE TALLAHASSEE, FL 32309 US

FEI Number: 32-0137328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVAGNI, ANTHONY J D.O. 3200 SOUTH UNIVERSITY DRIVE ROOM 1401 TERRY BLDG. FT. LAUDERDALE, FL 33328 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: WOLFSON, WAYNE D Address: 205 E. COLONIAL DRIVE City-St-Zip: ORLANDO, FL 32801 US

Title: C

Name: SILVAGNI, ANTHONY J D

Address: 3200 SOUTH UNIVERSITY DR., ROOM 1407

City-St-Zip: FT. LAUDERDALE, FL 33328 US

Title: VC

Name: WHITE, SUSAN D
Address: 2528 RIDGEWIND WAY
City-St-Zip: WINDERMERE, FL 34786 US

Title: 5

Name: MONTGOMERY, JOHN

Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 32246 US

Title:

 Name:
 CHERNEY, BECKY J D

 Address:
 4401 VINELAND RD, SUITE A-10

 City-St-Zip:
 ORLANDO, FL 32811 US

Title: [

 Name:
 ROSE, JOEL M D

 Address:
 6101 WEBB ROAD

 City-St-Zip:
 TAMPA, FL 33615 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY J SILVAGNI, D.O. C 04/13/2011