## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000004667

FILED Jan 05, 2011 Secretary of State

Entity Name: THE AMERICAN ASSOCIATION OF PHYSICIAN SPECIALISTS, INC.

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

5550 W EXECUTIVE DRIVE SUITE 400 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

5550 W EXECUTIVE DRIVE SUITE 400 TAMPA, FL 33609

FEI Number: 23-7009389 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NOLAN, MICHAEL J ESQ. 201 N FRANKLIN STREET STE 2200 TAMPA, FL 33602 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: CEO

Name: CARBONE, WILLIAM J

Address: 5550 W. EXECUTIVE DRIVE, STE 400

City-St-Zip: TAMPA, FL 33609

Title: VP

 Name:
 MCCANN, DAVID G C

 Address:
 15 SUTER CRESENT

 City-St-Zip:
 DUNDAS, ON L9H6H6 CN

Title:

Name: CERRATO, ANTHONY R

Address: 2 HALTER CT.

City-St-Zip: MOUNT LAUREL, NJ 080544826

Title:

Name: DURANTE, ANTHONY J Address: 1022 LEGENDS PASS DRIVE

City-St-Zip: VALRICO, FL 33594

Title: F

 Name:
 BARNES, SCOTT G

 Address:
 3513 SCHOOLHOUSE LANE

 City-St-Zip:
 HARRISBURG, PA 171094730

Title: PE

 Name:
 RUSSO, ANTHONY P

 Address:
 4 ROSE BUSH LANE

 City-St-Zip:
 BLUFFTON, SC 299096067

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 DURANTE D 01/05/2011