2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# N07000004667

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

Current Principal Place of Business:

5550 W EXECUTIVE DRIVE
SUITE 400
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5550 W EXECUTIVE DRIVE
SUITE 400
TAMPA, FL 33609

New Mailing Address:

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

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J ESQ.
201 N FRANKLIN STREET
STE 2200
TAMPA, FL 33602 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: CEO
Name: CARBONE, WILLIAM J
Address: 5550 W. EXECUTIVE DRIVE, STE 400
City-St-Zip: TAMPA, FL 33609

Title: VP
Name: SCHENCK, BETSY B
Address: 14 TIMBERGREEN CIR.
City-St-Zip: DENTON, TX 76205

Title: P
Name: CERRATO, ANTHONY R
Address: 2 HALTER CT.
City-St-Zip: MOUNT LAUREL, NJ 080544826

Title: D
Name: DURANTE, ANTHONY J
Address: 1022 LEGENDS PASS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T
Name: MARCINIAK, DOUGLAS L
Address: 86 CHAMPIONS BLVD
City-St-Zip: ROGERS, AR 72758

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 02/09/2012

Electronic Signature of Signing Officer or Director — Date