2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

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Entity Name: SARASOTA MEMORIAL PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business:

1700 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

C/O J. HUGH MIDDLEBROOKS
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0480667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSS STREET CORPORATE SERVICES, LLC
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: DS
Name: FEATHERMAN, M.D., D. SCOTT
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DP
Name: BURNS, M.D., FRANK
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DVC
Name: BRUS, M.D., MARK
Address: 1700 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DC
Name: VERINDER, DAVID
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DT
Name: SETTLE, DIANE
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 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: DAVID VERINDER DC 04/18/2011

Electronic Signature of Signing Officer or Director — Date