2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2011
Secretary of State

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Entity Name: FLORIDA ANESTHESIA ADMINISTRATORS ASSOCIATION, INC.

Current Principal Place of Business:

1408 WASHINGTON BLVD NW
LAKE PLACID, FL 338526704 US

New Principal Place of Business:

Current Mailing Address:

1408 WASHINGTON BLVD NW
LAKE PLACID, FL 338526704 US

New Mailing Address:

FEI Number: 65-1128389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONEY, JOYCE
1408 WASHINGTON BLVD NW
LAKE PLACID, FL 338526704 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: P
Name: WATERHOUSE, LYNDA
Address: 1336 CREEKSIDE BLVD SUITE 1
City-St-Zip: NAPLES, FL 34108 US

Title: D
Name: SCHULTZ, KRISTA MARIE
Address: 1303 HIGHWAY A1A SUITE 202
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D
Name: TREZONA, JON
Address: 300 JEFFORDS ST SUITE B
City-St-Zip: CLEARWATER, FL 33756 US

Title: ST
Name: MALONEY, JOYCE
Address: 1408 WASHINGTON BLVD NW
City-St-Zip: LAKE PLACID, FL 338526704 US

Title: D
Name: FORGIONE, BARBARA
Address: 2699 LEE RD SUITE 510
City-St-Zip: WINTER PARK, FL 32789 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE MALONEY ST 04/10/2011

Electronic Signature of Signing Officer or Director — Date