2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P02000056394

Entity Name: WILLENS ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

11009 SUNSET RIDGE CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

8728 CANOPY OAKS DR.
JACKSONVILLE, FL 32256

Current Mailing Address:

11009 SUNSET RIDGE CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

8728 CANOPY OAKS DR.
JACKSONVILLE, FL 32256

FEI Number: 01-0687367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TILLEY & CALLAHAN, P.A., CPAS
4465 BAYMEADOWS ROAD
SUITE 3
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLENS, MICHAEL
Address: 11009 SUNSET RIDGE CIR.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLENS, MICHAEL
Address: 8728 CANOPY OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL WILLENS P 04/29/2008

Electronic Signature of Signing Officer or Director — Date