2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: G.L. MILLER ANESTHESIA, C.R.N.A., P.A.

Current Principal Place of Business:

501 N. ORLANDO AVENUE
313-400
WINTER PARK, FL 32789 US

New Principal Place of Business:

2511 CRAVEY DRIVE
ATLANTA, GA 30345 US

Current Mailing Address:

501 N. ORLANDO AVENUE
313-400
WINTER PARK, FL 32789 US

New Mailing Address:

2511 CRAVEY DRIVE
ATLANTA, GA 30345 US

FEI Number: 03-0472348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, GARY L C.R.N.A
501 N. ORLANDO AVENUE
313-400
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

ALPER, HARVEY M
516 DOUGLAS AVENUE
1106
ALTAMONTE SPRINGS, FL 32714 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: HARVEY M. ALPER 03/02/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MILLER, GARY L
Address: 2511 CRAVEY DRIVE
City-St-Zip: ATLANTA, GA 30345 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: GARY L. MILLER P 03/02/2011
Electronic Signature of Signing Officer or Director Date