2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# P02000069871

Entity Name: VILLAGE GYNECOLOGY, M.D., P.A.

Current Principal Place of Business:

1503 BUENOS AIRES BLVD
SUITE 181
THE VILLAGES, FL 32159 US

New Principal Place of Business:

1503 BUENOS AIRES BLVD, BLDG 180
SUITE 181
THE VILLAGES, FL 32159 US

Current Mailing Address:

1503 BUENOS AIRES BLVD
SUITE 181
THE VILLAGES, FL 32159 US

New Mailing Address:

1503 BUENOS AIRES BLVD, BLDG 180
SUITE 181
THE VILLAGES, FL 32159 US

FEI Number: 04-3696693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEEPY, KATHLEEN A MD
1503 BUENOS AIRES BLVD
SUITE 181
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

STEEPY, KATHLEEN A MD
1503 BUENOS AIRES BLVD, BLDG 180
SUITE 181
THE VILLAGES, FL 32159 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: _____ 02/23/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STEEPY, KATHLEEN A MD
Address: 1503 BUENOS AIRES BLVD, BLDG 180 STE.181
City-St-Zip: THE VILLAGES, FL 32159 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: KATHLEEN A. STEEPY MD 02/23/2012
Electronic Signature of Signing Officer or Director — Date