2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P03000048283

Entity Name: FLORIDA ANESTHESIOLOGIST SERVICE P.A.

Current Principal Place of Business:

7351 SW 90TH STREET
TH101
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7351 SW 90TH STREET
TH101
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-0018424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, ORLANDO M.D.
7351 SW 90TH STREET
TH101
MIAMI, FL 33156 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: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: VP
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: SEC
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: TRES
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: DIR
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

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: ORLANDO GARCIA-PIEDRA DR 04/29/2011

Electronic Signature of Signing Officer or Director — Date