2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: TORY SULLIVAN, M.D., P.A.

Current Principal Place of Business:

16100 NE 16TH AVE
SUITE A
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16100 NE 16TH AVE
SUITE A
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-0328714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVEN K. BARID, P.A.
5981 NE 6TH AVENUE
MIAMI, FL 33137 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: PSTD
Name: SULLIVAN, TORY
Address: 16100 NE 16TH AVE, SUITE A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: TORY SULLIVAN PSTD 01/09/2011

Electronic Signature of Signing Officer or Director — Date