2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# P04000037241

Entity Name: BAY AREA NEUROSURGERY, P.A.

Current Principal Place of Business:

813 S PARSONS AVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

813 S PARSONS AVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-0731387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQUIRE
6152 DELANCY STATION STREET
SUITE 205
RIVERVIEW, FL 33569 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: DPVS
Name: SAATMAN, DONNA A
Address: 813 S PARSONS AVE
City-St-Zip: BRANDON, FL 33511

Title: T
Name: SAATMAN, DONNA A
Address: 813 S PARSONS AVE
City-St-Zip: BRANDON, FL 33511

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: DONNA A SAATMAN P 04/13/2011

Electronic Signature of Signing Officer or Director — Date