2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2011
Secretary of State

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Entity Name: SUZANNE Y. SUCCOP, M.D., P.A.

Current Principal Place of Business:

3245 EQUESTRIAN DR
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

3245 EQUESTRIAN DR
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 20-1647461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENDECK, ELIAS Z
2900 N. MILITARY TRAIL
SUITE #201
BOCA RATON, FL 33431 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: SUCCOP, SUZANNE Y MD
Address: 3245 EQUESTRIAN DRIVE
City-St-Zip: BOCA RATON, FL 33434 US

Title: V
Name: SUCCOP, SUZANNE Y MD
Address: 3245 EQUESTRIAN DRIVE
City-St-Zip: BOCA RATON, FL 33434 US

Title: S
Name: SUCCOP, SUZANNE Y MD
Address: 3245 EQUESTRIAN DRIVE
City-St-Zip: BOCA RATON, FL 33434 US

Title: T
Name: SUCCOP, SUZANNE Y MD
Address: 3245 EQUESTRIAN DRIVE
City-St-Zip: BOCA RATON, FL 33434 US

Title: D
Name: SUCCOP, SUZANNE Y MD
Address: 3245 EQUESTRIAN DRIVE
City-St-Zip: BOCA RATON, FL 33434 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: SUZANNE SUCCOP P 03/20/2011

Electronic Signature of Signing Officer or Director — Date