2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: VASCULAR AND SPINE INSTITUTE, INC.

Current Principal Place of Business:

7887 NORTH KENDALL DRIVE
SUITE 210
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7887 NORTH KENDALL DRIVE
SUITE 210
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-2755719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIE-SHUE, GARY
7887 NORTH KENDALL DRIVE
SUITE 210
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: TIE-SHUE, GARY
Address: 7887 NORTH KENDALL DRIVE, SUITE 210
City-St-Zip: MIAMI, FL 33156

Title: D
Name: SOSA, OSCAR M.D.
Address: 7887 NORTH KENDALL DRIVE, SUITE 210
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: GARY TIESHUE P 04/06/2011

Electronic Signature of Signing Officer or Director — Date