2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PROMISE HEALTHCARE OF FLORIDA X, INC.

Current Principal Place of Business:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-3392472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG, DAVID J EVP
999 YAMATO ROAD
THIRD FLOOR
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: KOSLOW, HOWARD
Address: 999 YAMATO ROAD,THIRD FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: CEOD
Name: BARONOFF, PETER
Address: 999 YAMATO ROAD, THIRD FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: TSD
Name: LEDER, LAWRENCE
Address: 999 YAMATO ROAD, THIRD FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: D
Name: DAWSON, MARK
Address: 999 YAMATO ROAD, THIRD FLOOR
City-St-Zip: BOCA RATON, FL 33431

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: HOWARD KOSLOW PD 03/02/2010

Electronic Signature of Signing Officer or Director — Date