2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 28, 2010
Secretary of State

DOCUMENT# P06000011165

Entity Name: C R NOBACK ANESTHESIA & PAIN MANAGEMENT, INC

Current Principal Place of Business:

17902 MONTE VISTA DR.
BOCA RATON, FL 33496

New Principal Place of Business:

5700 MIDNIGHT PASS RD
SUITE 4
SARASOTA, FL 34242

Current Mailing Address:

17902 MONTE VISTA DR.
BOCA RATON, FL 33496

New Mailing Address:

5700 MIDNIGHT PASS RD
SUITE 4
SARASOTA, FL 34242

FEI Number: 20-4155173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOBACK, CARL R
17902 MONTE VISTA DR.
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

NOBACK, CARL R
5700 MIDNIGHT PASS RD.
SUITE 4
SARASOTA, FL 34242 US

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: _____ 06/28/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: NOBACK, CARL R
Address: 5700 MIDNIGHT PASS RD., SUITE 4
City-St-Zip: SARASOTA, FL 34242 US

Title: VP
Name: NOBACK, CARL R
Address: 5700 MIDNIGHT PASS RD., SUITE 4
City-St-Zip: SARASOTA, FL 34242

Title: T
Name: NOBACK, CARL R
Address: 5700 MIDNIGHT PASS RD., SUITE 4
City-St-Zip: SARASOTA, FL 34242

Title: S
Name: NOBACK, CARL R
Address: 5700 MIDNIGHT PASS RD, SUITE 4
City-St-Zip: SARASOTA, FL 34242

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: CARL R. NOBACK S 06/28/2010
Electronic Signature of Signing Officer or Director — Date