2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P07000003513

Entity Name: FIRST COAST ANESTHESIA CONSULTANTS P.A.

Current Principal Place of Business:

59B ATLANTIC OAKS CIRCLE
SAINT AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

Current Mailing Address:

59B ATLANTIC OAKS CIRCLE
SAINT AUGUSTINE BEACH, FL 32080

New Mailing Address:

FEI Number: 20-8192333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: PRES
Name: MCCLARNON, FRANCIS M
Address: 59B ATLANTIC OAKS CIRCLE
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: TRES
Name: MCCLARNON, FRANCIS M
Address: 59B ATLANTIC OAKS CIRCLE
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: SECT
Name: MCCLARNON, FRANCIS M
Address: 59B ATLANTIC OAKS CIRCLE
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

Title: DIR
Name: MCCLARNON, FRANCIS M
Address: 59B ATLANTIC OAKS CIRCLE
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080

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: FRACIS M. MCCLARNON MR. 02/22/2011

Electronic Signature of Signing Officer or Director — Date