2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# P09000005441

Entity Name: ANESTHESIOLOGIST ASSOCIATES OAK HILL DIVISION, P.A.

Current Principal Place of Business:

5395 FIRETHORN POINT
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

5395 FIRETHORN POINT
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 26-4076879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAHOUT, MOHAMED
5395 FIRETHORN POINT
SPRING HILL, FL 34609 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: DPVS
Name: SHAHOUT, MOHAMED
Address: 5395 FIRETHORN POINT
City-St-Zip: SPRING HILL, FL 34609

Title: T
Name: SHAHOUT, MOHAMED
Address: 5395 FIRETHORN POINT
City-St-Zip: SPRING HILL, FL 34609

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: MOHAMED SHAHOUT D 04/16/2012

Electronic Signature of Signing Officer or Director — Date