2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2012
Secretary of State

DOCUMENT# P10000016764

Entity Name: WEST VOLUSIA SURGICAL, PA

Current Principal Place of Business:

1133 SAXON BLVD
ORANGE CITY, FL 32763

New Principal Place of Business:

321 MONTGOMERY RD
#160965
ALTAMONTE SPRINGS, FL 327160965 US

Current Mailing Address:

1133 SAXON BLVD
ORANGE CITY, FL 32763

New Mailing Address:

321 MONTGOMERY RD
#160965
ALTAMONTE SPRINGS, FL 327160965 US

FEI Number: 27-1944575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OGLE, KATHERINE A
1133 SAXON BLVD
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

OGLE, KATHERINE A
321 MONTGOMERY RD
#160965
ALTAMONTE SPRINGS, FL 327160965 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: 03/08/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: OGLE, SAMUEL R MD
Address: 321 MONTGOMERY RD #160965
City-St-Zip: ALTAMONTE SPRINGS, FL 327160965 US

Title: VP
Name: OGLE, KATHERINE A
Address: 321 MONTGOMERY RD #160965
City-St-Zip: ALTAMONTE SPRINGS, FL 327160965 US

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: SAMUEL R. OGLE P 03/08/2012
Electronic Signature of Signing Officer or Director — Date