2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: QUINTANA & PEREZ, M.D., P.A.

Current Principal Place of Business:

800 CENTURY MEDICAL DR
SUITE B
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

800 CENTURY MEDICAL DR
SUITE B
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3213774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINTANA, MANUEL R
800 CENTURY MEDICAL DR STE B
TITUSVILLE, FL 32796 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: P
Name: QUINTANA, MANUEL R MD
Address: 800 CENTURY MEDICAL DR STE B
City-St-Zip: TITUSVILLE, FL 32796

Title: V
Name: PEREZ, DENIS A MD
Address: 800 CENTURY MEDICAL DR STE B
City-St-Zip: TITUSVILLE, FL 32796

Title: S
Name: QUINTANA, MAGALI
Address: 800 CENTURY MEDICAL DR STE B
City-St-Zip: TITUSVILLE, FL 32796

Title: T
Name: MILLS, TINA J
Address: 800 CENTURY MEDICAL DR STE B
City-St-Zip: TITUSVILLE, FL 32796

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: TINA MILLS T 04/20/2011

Electronic Signature of Signing Officer or Director — Date