2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# P94000087911

Entity Name: MID-FLORIDA ANESTHESIA ASSOCIATES, INC.

Current Principal Place of Business:

2100 SE OCEAN BLVD
SUITE 100
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

C/O MEHLICH, ROEGIERS, GOLDEN & CO
701 COLORADO AVE
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0542889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, MARC A ESQ
2100 SE OCEAN BLVD
SUITE 100
STUART, FL 34996 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD
Name: LEVINE, MARC
Address: 3500 SW CENTRE COURT
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: ALVAREZ, RAMON
Address: 8858 STEEPLECHASE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33418

Title: D
Name: BASTIAN, ROBERT
Address: 3225 SW BRAEMAR WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: I MARC LEVINE PRES 04/30/2010

Electronic Signature of Signing Officer or Director — Date