2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P95000002034

Entity Name: SUNCOAST ORTHOPAEDICS & SPORTS MEDICINE CENTER, P.A.

Current Principal Place of Business:

SEVEN HILLS MEDICAL ARTS BLDG.
10441 QUALITY DR., STE. 202
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

SEVEN HILLS MEDICAL ARTS BLDG.
10441 QUALITY DR., STE. 202
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3288375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZEIDAN, FADY
SEVEN HILLS MEDICAL ARTS BLDG.
10441 QUALITY DR., STE. 202
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: MD
Name: ZEIDAN, FADY
Address: 9405 RUBY FALLS CT.
City-St-Zip: BROOKSVILLE, FL 34613

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: FADY ZEIDAN MD 04/25/2011

Electronic Signature of Signing Officer or Director — Date