2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

DOCUMENT# P95000080909

Entity Name: CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

1824 KING STREET
SUITE 200
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1824 KING STREET
SUITE 200
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3338654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, SHELIA
1824 KING STREET
SUITE 200
JACKSONVILLE, FL 32204 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: PD
Name: MOSTOVYCH, MARK A
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD
Name: MUEHRCKE, DEREK D
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: STILL, ROBERT
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD
Name: LEE, RAYMOND
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: COUSAR, CHARLES
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: WINEGARD, THEODORE
Address: 1824 KING STREET, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32204

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: MARK A. MOSTOVYCH P 02/01/2011

Electronic Signature of Signing Officer or Director — Date