2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045499

Entity Name: MANATEE ANESTHESIA AND PAIN ASSOCIATES, P.A.

FILED Feb 18, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O MANATEE MEMORIAL HOSPITAL, ANESTHESIA 206 SECOND STREET EAST BRADENTON, FL 34208

Current Mailing Address: New Mailing Address:

C/O MANATEE MEMORIAL HOSPITAL, ANESTHESIA 206 SECOND STREET EAST BRADENTON, FL 34208

FEI Number: 65-0755374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMRICK,PERREY,QUINLAN, SMITH PA
601 12TH ST W
BRADENTON, FL 34205 US
LEWIS, LONGMAN & WALKER, P.A.
1001 3RD AVE WEST
SUITE 670

BRADENTON, FL 34205 US SUITE 670
BRADENTON, FL 34205 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: LORI DORMAN 02/18/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: WEINGARTEN, JONAS Address: 4607 5TH AVENUE WEST City-St-Zip: PALMETTO, FL 34221

Title: VP

Name: VILASI, JOSEPH A

Address: 7613 PINE VALLEY STREET City-St-Zip: BRADENTON, FL 34202

Title: VP

Name: VILASI, JOHN

Address: 13318 PALMERS CREEK TERRACE

City-St-Zip: BRADENTON, FL 34202

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: JONAS WEINGARTEN DR 02/18/2010