2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

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Entity Name: JACKSONVILLE CRITICAL CARE ASSOCIATES, P.A.

Current Principal Place of Business:

11512 LAKE MEAD AVE, 513
JACKSONVILLE, FL 32256

New Principal Place of Business:

11512 LAKE MEAD AVE
513
JACKSONVILLE, FL 32256

Current Mailing Address:

P. O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 65-0816306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER PA
5150 BELFORT ROAD
BLDG. 100
JACKSONVILLE, FL 32255 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: PTSD
Name: NABIZADEH, KASRA M.D.
Address: 3627 S. UNIVERSITY BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

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: KASRA NABIZADEH P 02/21/2011

Electronic Signature of Signing Officer or Director — Date