2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2002 8:00 AM
Secretary of State

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Entity Name: ANESTHESIA & PAIN CONSULTANTS, P.A.

Current Principal Place of Business:

2701 MICHELLE COURT
CRESTVIEW, FL 32539

New Principal Place of Business:

150 REDSTONE AVENUE EAST
SUITE B
CRESTVIEW, FL 32539

Current Mailing Address:

2701 MICHELLE COURT
CRESTVIEW, FL 32539

New Mailing Address:

150 REDSTONE AVE EAST
SUITE B
CRESTVIEW, FL 32539

FEI Number: 59-3513671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, DANIEL G DO
2701 MICHELLE COURT
CRESTVIEW, FL 32539

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORRIS, DANIEL G DO
Address: 2701 MICHELLE COURT
City-St-Zip: CRESTVIEW, FL 32539

Title: V ( ) Delete
Name: VAN ALLEN, KARY MD
Address: 2701 MICHELLE COURT
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: VAN ALLEN, KARY MD
Address: 150 REDSTONE AVE, SUITE B
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL G. MORRIS, D.O. PRES 07/03/2002

Electronic Signature of Signing Officer or Director — Date