2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P98000052641

Entity Name: ORION MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

2700 UNIVERSITY SQUARE DRIVE
TAMPA, FL 336125513

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30728
TAMPA, FL 336303728

New Mailing Address:

FEI Number: 59-3518136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, BHARAT U
2700 UNIVERSITY SQUARE DRIVE
TAMPA, FL 336125513 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: OTERO, RAUL R MD
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 336125513

Title: SD
Name: ZAMORE, ROBERT A MD
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 33612

Title: VD
Name: KEDAR, RAJENDRA P MD
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 336125513

Title: D
Name: ZWIEBEL, BRUCE R MD
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 33612

Title: D
Name: ANDERSON, SCOTT MD
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 33612

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: SCOTT SUTTON CFO 04/25/2011

Electronic Signature of Signing Officer or Director — Date