2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2012
Secretary of State

DOCUMENT# P98000072775

Entity Name: FLORIDA ATLANTIC ANESTHESIA, INC.

Current Principal Place of Business:

1960 NE 47TH ST
2ND FL
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

1960 NE 47TH ST
2ND FL
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0859763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORDOVER, ALAN J C.E.O.
1960 NE 47TH ST
2ND FL
FT. LAUDERDALE, FL 33308 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: DP
Name: CORDOVER, ALAN J
Address: 9063 NW 60 ST
City-St-Zip: PARKLAND, FL 33067

Title: DV
Name: DROZD, ROBERT A
Address: 1500 COCOANUT RD
City-St-Zip: BOCA RATON, FL 33432

Title: DST
Name: PEREZ, ELISEO
Address: 1526 NE 26 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D
Name: RODRIGUEZ, PAUL A
Address: 2352 DATE PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: NAVEIRA, JOSE O
Address: 2523 SE 13TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: D
Name: KOUSSA, SAMIR M
Address: 2770 NE 58TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

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: ALAN J. CORDOVER DP 01/16/2012

Electronic Signature of Signing Officer or Director — Date