2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# P98000089413

Entity Name: WOLVERINE ANESTHESIA CONSULTANTS, M.D., P.A.

Current Principal Place of Business:

400 NORTH MILLS AVENUE
ORLANDO, FL 328035722 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4918
ORLANDO, FL 328024918 US

New Mailing Address:

FEI Number: 59-3537483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURBACH, ROGER S
400 NORTH MILLS AVENUE
ORLANDO, FL 328035722 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: MURBACH, ROGER S
Address: 400 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 328035722

Title: DS
Name: APPELBLATT, STEVEN L
Address: 400 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 328035722

Title: DT
Name: STOCKTON, EDWARD A
Address: 400 NORTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 328035722

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: NANCY BYLL-PAUL MS 01/19/2011

Electronic Signature of Signing Officer or Director — Date