2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P98000091907

Entity Name: ANESTHESIOLOGISTS OF GREATER ORLANDO, M.D., P.A.

Current Principal Place of Business:

2699 LEE RD.
SUITE 510
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2699 LEE RD.
SUITE 510
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3542796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAKIM, JAMAL A M.D.
1214 EAST CONCORD STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

HAKIM, JAMAL A M.D.
2699 LEE ROAD
SUITE 510
WINTER PARK, FL 32789 US

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: 03/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HAKIM, JAMAL A M.D.
Address: 8628 WHISPERING WILLOW CT.
City-St-Zip: ORLANDO, FL 32835

Title: DST ( ) Delete
Name: SIDER, DEAN M.D.
Address: 4043 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: DV ( ) Delete
Name: BABINS, NOAH A M.D.
Address: 11008 BAYSHORE DR
City-St-Zip: ORLANDO, FL 34786

Title: DV ( ) Delete
Name: KWA, ANDRE M M.D.
Address: 1718 IVERNESS CT.
City-St-Zip: ORLANDO, FL 32779

Title: DV ( ) Delete
Name: LAWRENCE, JAMES S JR, MD
Address: 3412 S. LAKE BUTLER BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: DV ( ) Delete
Name: MILLER, DOUGLAS T M.D.
Address: 8737 LAKE TIBETT CT.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHOEBE S BRADSHAW OM 03/25/2009
Electronic Signature of Signing Officer or Director — Date