2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2012
Secretary of State

DOCUMENT# P98000091907

Entity Name: ANESTHESIOLOGISTS OF GREATER ORLANDO, INC.

Current Principal Place of Business:

1613 N HARRISON PKWY STE 200
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1613 N HARRISON PKWY STE 200
SUNRISE, FL 33323

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:

MARTUS, JAY
1613 N HARRISON PKWY STE 200
SUNRISE, FL 33323 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: CEOD
Name: EISENBERG, MITCHELL
Address: 1613 N HARRISON PKWY STE 200
City-St-Zip: SUNRISE, FL 33323

Title: PCOO
Name: COWARD, ROBERT
Address: 1613 N HARRISON PKWY STE 200
City-St-Zip: SUNRISE, FL 33323

Title: EVPS
Name: MARTUS, JAY
Address: 1613 N HARRISON PKWY STE 200
City-St-Zip: SUNRISE, FL 33323

Title: VCFO
Name: WALTER, MARK
Address: 1613 N HARRISON PKWY STE 200
City-St-Zip: SUNRISE, FL 33323

Title: SVP
Name: DROZDOW, GILBERT
Address: 1613 N HARRISON PKWY STE 200
City-St-Zip: SUNRISE, FL 33323

Title: VP
Name: MARCUS, JILLIAN
Address: 1613 N HARRISON PKWY STE 200
City-St-Zip: SUNRISE, FL 33323

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: JAY A. MARTUS EVPS 01/24/2012

Electronic Signature of Signing Officer or Director — Date