2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

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Entity Name: COLLIER OTOLARYNGOLOGY-HEAD AND NECK SURGERY, P.A.

Current Principal Place of Business:

1459 RIDGE ST.
SUITE # 2
NAPLES, FL 34103

New Principal Place of Business:

1879 VETERANS PARK DRIVE
SUITE # 1201
NAPLES, FL 34109

Current Mailing Address:

1459 RIDGE ST.
SUITE #2
NAPLES, FL 34103

New Mailing Address:

1879 VETERANS PARK DRIVE
SUITE # 1201
NAPLES, FL 34109

FEI Number: 59-3571652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGARDINO, THOMAS
COLLIER OTOLARYNGOLOGY-HEAD AND NECK SURG
1459 RIDGE ST., SUITE #2
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MAGARDINO, THOMAS
COLLIER OTOLARYNGOLOGY-HEAD AND NECK SURG
1879 VETERAMS PARK DRIVE, STE. 1201
NAPLES, FL 34109 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: _____ 03/18/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST
Name: BELLO, STEVEN L M.D.
Address: 1879 VETERANS PARK DR. -SUITE #1201
City-St-Zip: NAPLES, FL 34109

Title: VP
Name: MAGARDINO, THOMAS M MD
Address: 1879 VETERANS PARK DR.-SUITE #1201
City-St-Zip: NAPLES, FL 34109

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: THOMAS MAGARDINO VP 03/18/2011
Electronic Signature of Signing Officer or Director — Date