2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HEART OF FLORIDA OB-GYN ASSOCIATES, P.A.

Current Principal Place of Business:

2221 NORTH BLVD WEST
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

HEART OF FL OB/GYN
PO BOX 667
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3598026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAN MARTIN, JULIO
2221 NORTH BLVD W
DAVENPORT, FL 33837 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: P
Name: SAN MARTIN, JULIO R
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

Title: VP
Name: SALAMANCA, EDWIN M
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

Title: S
Name: ALKASS, MARK
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

Title: O
Name: ANDAH, EDMUND K
Address: 2221 NORTH BLVD W
City-St-Zip: DAVENPORT, FL 33837

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: JULIO SAN MARTIN MD P 04/21/2011

Electronic Signature of Signing Officer or Director — Date