2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2013
Secretary of State
CC1120652956

DOCUMENT# K94427

Entity Name: ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, INC.

Current Principal Place of Business:

2173A CENTERVILLE PLACE
TALLAHASSEE, FL 32308

Current Mailing Address:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

FEI Number: 59-2970442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTUS, JAY A
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D, CEO	Title	VP
Name	CARLYLE, JOHN	Name	HENRY, RICHARD L
Address	1613 NORTH HARRISON PARKWAY	Address	2173-A CENTERVILLE PLACE
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	TALLAHASSEE FL
Title	PD	Title	EVPS
Name	COWARD, ROBERT	Name	MARTUS, JAY A
Address	1613 NORTH HARRISON PARKWAY, SUITE 200	Address	1613 NORTH HARRISON PARKWAY, SUITE 200
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	EVP	Title	VP
Name	DROZDOW, GILBERT	Name	MARCUS, JILLIAN
Address	1613 NORTH HARRISON PARKWAY SUITE 200	Address	1613 NORTH HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323	City-State-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: GILBERT DROZDOW PRESIDENT 03/26/2013

Electronic Signature of Signing Officer/Director Detail — Date