2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 24, 2016
Secretary of State
CC8440560442

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Entity Name: ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, INC.

Current Principal Place of Business:

2173A CENTERVILLE PLACE
TALLAHASSEE, FL 32308

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322 US

FEI Number: 59-2970442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN
7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 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: JILLIAN MARCUS 10/24/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D, CEO	Title	VP
Name	GULMI, CLAIRE	Name	HENRY, RICHARD L
Address	7700 WEST SUNRISE BOULEVARD	Address	2173-A CENTERVILLE PLACE
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	TALLAHASSEE FL
Title	PD	Title	EVPS
Name	COWARD, ROBERT	Name	MARCUS, JILLIAN
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	EVP	Title	ASST. SECRETARY
Name	DROZDOW, GILBERT	Name	SANTARONE, STACY
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

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: JILLIAN MARCUS EVP 10/24/2016

Electronic Signature of Signing Officer/Director Detail — Date