2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2014
Secretary of State
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Entity Name: MAXIM ANESTHESIA OF FLORIDA, INC.

Current Principal Place of Business:

21200 GAYLORD AVE
PORT CHARLOTTE, FL 33954

Current Mailing Address:

21200 GAYLORD AVE
PORT CHARLOTTE, FL 33954 US

FEI Number: 65-1078878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, BRIAN
9266 NEWMAN CIRCLE
PORT CHARLOTTE, FL 33981 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	P
Name	SIMMONS, BRIAN
Address	21200 GAYLORD AVE
City-State-Zip:	PORT CHARLOTTE FL 33954

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: BRIAN SIMMONS PRESIDENT 07/21/2014

Electronic Signature of Signing Officer/Director Detail — Date