

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000812

FILED  
Apr 19, 2008  
Secretary of State

Entity Name: IPC THE HOSPITALIST COMPANY, INC.

## Current Principal Place of Business:

4605 LANKERSHIM BLVD, STE 617  
NORTH HOLLYWOOD, CA 91602

## New Principal Place of Business:

## Current Mailing Address:

4605 LANKERSHIM BLVD, STE 617  
NORTH HOLLYWOOD, CA 91602

## New Mailing Address:

FEI Number: 95-4562058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SINGER, ADAM MD  
Address: 4605 LANKERSHIM BLVD, STE 617  
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: COO ( ) Delete  
Name: TAYLOR, R. JEFFREY  
Address: 4605 LANKERSHIM BLVD, STE 617  
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: CFO ( ) Delete  
Name: SHAPIRO, DEVRA  
Address: 4605 LANKERSHIM BLVD, STE 617  
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: S (X) Delete  
Name: SINGER, ADAM D M.D.  
Address: 4605 LANKERSHIM BLVD, STE 617  
City-St-Zip: NORTH HOLLYWOOD, CA 91602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SINGER, M.D., ADAM D CEO  
Address: 4605 LANKERSHIM BLVD, STE 617  
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: COO (X) Change ( ) Addition  
Name: TAYLOR, ROBERT J COO  
Address: 4605 LANKERSHIM BLVD, STE 617  
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: CFO (X) Change ( ) Addition  
Name: SHAPIRO, DEVRA G CFO  
Address: 4605 LANKERSHIM BLVD, STE 617  
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADAM D. SINGER, M.D.

CEO

04/19/2008

Electronic Signature of Signing Officer or Director

Date