

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036292

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: KENDALL HOSPITALISTS, LLC

**Current Principal Place of Business:**

11880 BIRD ROAD, SUITE #411  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

11880 BIRD ROAD, SUITE #411  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 20-0484462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REISMAN, JEROME S  
3006 AVIATION AVE., SUITE 4B  
COCONUT GROVE, FL 33133      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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: TOYOS, VALERIO J MD,MBA  
Address: 11880 BIRD ROAD, SUITE #411  
City-St-Zip: MIAMI, FL 33175

Title: MGR      (X) Delete  
Name: VILLANUEVA, TOMAS DO,MBA  
Address: 11880 BIRD ROAD, SUITE #411  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VALERIO TOYOS, MD

MGR

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date