2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# L05000081134

Entity Name: TBIM HOSPITALISTS, LLC

Current Principal Place of Business:

13902 NORTH DALE MABRY, SUITE 152
TAMPA, FL 33618

New Principal Place of Business:

13902 NORTH DALE MABRY, SUITE 260
TAMPA, FL 33618

Current Mailing Address:

13902 NORTH DALE MABRY, SUITE 152
TAMPA, FL 33618

New Mailing Address:

13902 NORTH DALE MABRY, SUITE 260
TAMPA, FL 33618

FEI Number: 20-3317794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, THOMAS B
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701 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/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition
Name: RODRIGUEZ, RAFAEL S MD
Address: 13902 N. DALE MABRY HWY. SUITE 260
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAFAEL S. RODRIGUEZ, MD D 07/03/2006

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