

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000004197

FILED  
Jan 30, 2012  
Secretary of State

Entity Name: STAT HOSPITALIST LLC

**Current Principal Place of Business:**

6365 COLLINS AVE.  
APT. 1001  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

6365 COLLINS AVE.  
APT. 1001  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 27-4669628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIAZCOTELO, ANISLEIDY  
6365 COLLINS AVE.  
APT. 1001  
MIAMI BEACH, FL 33141 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: MGRM  
Name: RODRIGUEZ TORRECILLA LLC  
Address: 12465 SW 120TH AVE.  
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM  
Name: COTELO LLC  
Address: 6365 COLLINS AVE., APT. 1001  
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby 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: ANISLEIDY DIAZ COTELO      MGR      01/30/2012

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