

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000028705

Entity Name: BLUE LAGOON HOSPITALISTS, INC.

Current Principal Place of Business:

5870 NORTH HIATUS ROAD, SUITE 200
TAMARAC, FL 33321

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US

FEI Number: 26-4611094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT
Name UPPAL, MD, ROHIT
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title ASSISTANT SECRETARY
Name STAIR, JOHN
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title ASSISTANT TREASURER
Name BARRACK, JOHN
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

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: JOHN STAIR

ASSISTANT SECRETARY 04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date