

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029850

Entity Name: HOSPITALIST SPECIALIST OF SOUTH FLORIDA, PLLC

Current Principal Place of Business:

50 BISCAYNE BLVD
SUITE 3602
MIAMI, FL 33132

Current Mailing Address:

50 BISCAYNE BLVD
SUITE 3602
MIAMI, FL 33132 US

FEI Number: 26-2255271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
2151 S LEJEUNE RD
SUITE 306
CORAL GABLES, FL 33134 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: MAX A ADAMS ESQ

02/10/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name AGHIGH, SOROUGH
Address 50 BISCAYNE BLVD STE 3602
City-State-Zip: MIAMI FL 33132

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SOROUGH AGHIGH

MANAGER

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date