

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029850

Entity Name: HOSPITALIST SPECIALIST OF SOUTH FLORIDA, PLLC

Current Principal Place of Business:

50 BISCAYNE BLVD
2708
MIAMI, FL 33132

Current Mailing Address:

50 BISCAYNE BLVD
2708
MIAMI, FL 33132 US

FEI Number: 26-2255271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE MEDILAW FIRM
325 ALMERIA AVENUE
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name AGHIGH, SOROUGH
Address 50 BISCAYNE BLVD STE 2708
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SOROUGH AGHIGH

MGRM

03/27/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date