

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000004197

Entity Name: STAT HOSPITALIST LLC

Current Principal Place of Business:

2423 SW 147 AVE
#120
MIAMI, FL 33185

Current Mailing Address:

2423 SW 147 AVE
#120
MIAMI, FL 33185 US

FEI Number: 27-4669628

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, DIANA
2423 SW 147 AVE
#120
MIAMI, FL 33185 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 MGR
Name RODRIGUEZ, ORLANDO D
Address 2423 SW 147 AVE
#120
City-State-Zip: MIAMI FL 33185

Title MGR
Name RODRIGUEZ, DIANA
Address 2423 SW 147 AVE
#120
City-State-Zip: MIAMI FL 33185

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: ORLANDO D RODRIGUEZ

MEMBER

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date