

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000058908

Entity Name: HOSPITALIST ALLIANCE, LLC

Current Principal Place of Business:

1111 12TH STREET
SUITE 210
KEY WEST, FL 33040

Current Mailing Address:

1111 12TH STREET
SUITE 210
KEY WEST, FL 33040 US

FEI Number: 45-5188506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATILLA, MEHMET MD
1111 12TH STREET
SUITE 210
KEY WEST, FL 33040 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 ATILLA, MEHMET MD
Address 1111 12TH STREET
SUITE 210
City-State-Zip: KEY WEST FL 33040

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: ATILLA , MEHMET A

MRG

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date