## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000005013

Entity Name: HOSPITALIST ACQUISITION, INC.

FILED Apr 02, 2007 Secretary of State

Current Pr	incipal Place o	of Business:	New Prince	New Principal Place of Business:			
SUITE A-15	E ISLAND RD. 50 ON, FL 33324		SUITE 430	1000 S. PINE ISLAND RD. SUITE 430 PLANTATION, FL 33324			
Current Ma	ailing Address	:	New Maili	New Mailing Address:			
SUITE A-15	E ISLAND RD. 50 ON, FL 33324		SUITE 430	1000 S. PINE ISLAND RD. SUITE 430 PLANTATION, FL 33324			
FEI Number:	20-3050924	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	1()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUITE A-15	E ISLAND RD.	US	1000 S. PI SUITE 430	GILLON, BRIAN T 1000 S. PINE ISLAND RD. SUITE 430 PLANTATION, FL 33324 US			
The above in the State		ıbmits this statement for the pu	rpose of changing	ts registered	office or registered agent, o	or both,	
SIGNATURE: BRIAN T GILLON				04/02/2007			
	Electronic	Signature of Registered Ager	nt		Date		
Election Carr	paign Financing	Trust Fund Contribution ( ).					
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ()E BILZIN, JONATH 430 PARK AVE. NEW YORK, NY	STH FLOOR	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	DP () E BRATBERG, KRI 950 S. PINE ISLA PLANTATION, FL	ND RD.	Title: Name: Address: City-St-Zip:	BRATBERG, I	ISLAND RD., STE 430		
Title: Name: Address: City-St-Zip:	VS () E GILLON, BRIAN 950 S. PINE ISLA PLANTATION, FL	AND RD.	Title: Name: Address: City-St-Zip:	GILLON, BRIA	ISLAND RD., STE 430		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	BESSLER, RO	ISLAND RD., STE 430		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN T GILLON V 04/02/2007