2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2012
Secretary of State

DOCUMENT# F11000003253

Entity Name: NATIONAL HOSPITALIST SERVICES, PROFESSIONAL CORPORATION

Current Principal Place of Business:

200 CORPORATE BLVD STE 201
LAFAYETTE, LA 70508

New Principal Place of Business:

Current Mailing Address:

PO BOX 82368
LAFAYETTE, LA 705982368

New Mailing Address:

PO BOX 82368
LAFAYETTE, LA 70598

FEI Number: 27-2374050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPS
Name: GRACE, DAVID M
Address: 110 QUEEN OF PEACE DR
City-St-Zip: LAFAYETTE, LA 70508

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 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 all other like empowered.

SIGNATURE: DAVID M GRACE MD DPS 03/09/2012

Electronic Signature of Signing Officer or Director — Date