

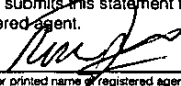
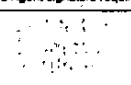



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90106 043 ****50.00

DOCUMENT # L00000001540 1. Entity Name SOUTH BROWARD HOSPITALISTS, P.L.					
Principal Place of Business 1800 N.W. 78 AVE. PEMBROKE PINES, FL 33024			Mailing Address 2470 SW 131 TERRACE DAVIE, FL 33325		
2. Principal Place of Business 2470 SW 131 TERRACE		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">20015608</div>  <div style="margin-top: 10px;"> 01272005 Chg-LLC CR2E083 (10/03) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE FL		City & State			
Zip 33325		Country USA			
4. FEI Number 65-0990949				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ACOSTA, JUAN C 1800 N.W. 78 AVE. PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name ROSA TAM Street Address (P.O. Box Number is Not Acceptable) 2470 SW 131 TERRACE City DAVIE FL Zip Code 33325		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ACOSTA, JUAN 1800 N.W. 78 AVE. PEMBROKE PINES, FL 33024		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAM, ROSA 2470 SW 131 TERRACE DAVIE, FL 33325		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
SIGNATURE: 			Date: 2/19/05 Daytime Phone #: 954-684-7420		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					