


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90001 021 \*\*\*\*50.00

<b>DOCUMENT # L01000006543</b> 1. Entity Name <b>EAST COAST HOSPITAL INPATIENT SPECIALISTS, P.L.C.</b>					
Principal Place of Business <b>2578 ENTERPRISE BOULEVARD, SUITE 29-351 ORANGE CITY, FL 32763-8232</b>			Mailing Address <b>POST OFFICE BOX 953457 LAKE MARY, FL 32795-3457</b>		
2. Principal Place of Business <b>2500 W. Lake Mary Blvd</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite 101</b>			Suite, Apt. #, etc.		
City & State <b>Lake Mary, FL</b>			City & State		
Zip <b>32746</b>		Country <b>USA</b>		4. FEI Number <b>59-3714564</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent  <b>LEFKOWITZ, IVAN M ESQUIRE 430 NORTH MILLS AVENUE ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 September 6, 2006			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRZA, ASIF 836 ASHBROOKE COURT LAKE MARY, FL 32746	<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	MGR IBNE-RASA, HASIB MD 5260 SHORELINE CIR SANFORD, FL 32771	<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	MGR AHMAD, FAISAL 1590 CHERRY LAKE WAY HEATHROW, FL 32746	<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	MGR HASAN, SYED A 4969 MAPLE GLEN DRIVE SANFORD, FL 32771	<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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Hasib Ibne-Rasa M.D. 6-9-06</u> <span style="float: right;">407-936-09076</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					