

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006543

FILED
Jan 14, 2008
Secretary of State

Entity Name: EAST COAST HOSPITAL INPATIENT SPECIALISTS, P.L.C.

Current Principal Place of Business:

2500 WEST LAKE MARY BLVD
SUITE 101
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 953457
LAKE MARY, FL 327953457

New Mailing Address:

FEI Number: 59-3714564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQUIRE
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MIRZA, ASIF
Address: 1629 ROCKDALE LOOP
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: IBNE-RASA, HASIB MD
Address: 5260 SHORELINE CIR
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: AHMAD, FAISAL
Address: 1590 CHERRY LAKE WAY
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: HASAN, SYED A
Address: 4969 MAPLE GLEN DRIVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MIRZA, ASIF MD
Address: 1629 ROCKDALE LOOP
City-St-Zip: HEATHROW, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HASIB IBNE-RASA

MD

01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date