

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006543

FILED  
Jan 07, 2009  
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 (X)**

**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:**

IBNE-RASA, HASIB M MGR  
2500 W LAKE MARY BLVD  
SUITE 101  
LAKE MARY, FL 32746 US

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: HASIB IBNE-RASA, MD

01/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MIRZA, ASIF MD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MGR

01/07/2009

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