2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 19, 2005
Secretary of State

DOCUMENT# L02000023346

Entity Name: FIRST COAST HOSPITALISTS, P.L.

Current Principal Place of Business:

9904 VINEYARD LAKE LN
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9904 VINEYARD LAKE LN
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 54-2071431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
4741 ATLANTIC BLVD., SUITE D
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP 05/19/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SALAMEH, JAMAL S
Address: 9904 VINEYARD LAKE LN
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMAL SALAMEH MGR 05/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date