2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2008
Secretary of State

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Entity Name: FIRST COAST HOSPITALISTS, P.L.

Current Principal Place of Business:

9904 VINEYARD LAKE LN
JACKSONVILLE, FL 32256

New Principal Place of Business:

8833 PERIMETER PARK BLVD.
SUITE 502
JACKSONVILLE, FL 32216

Current Mailing Address:

9904 VINEYARD LAKE LN
JACKSONVILLE, FL 32256

New Mailing Address:

P.O. BOX 57189
JACKSONVILLE, FL 32241

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

Name and Address of Current Registered Agent:

THE FARAH LAW FIRM, P.A.
8823 SAN JOSE BOULEVARD
207
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

SALAMEH, JAMAL S
8833 PERIMETER PARK BLVD.
SUITE 502
JACKSONVILLE, FL 32216 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: JAMAL S. SALAMEH 06/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALAMEH, JAMAL S
Address: P.O. BOX 57189
City-St-Zip: JACKSONVILLE, FL 32241

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: JAMAL SALAMEH MGMR 06/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date