

FILED

03 MAY 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000023346 1. Entity Name FIRST COAST HOSPITALISTS, P.L.					
Principal Place of Business 3763 CATHEDRAL OAKS PLACE, SOUTH JACKSONVILLE, FL 32217			Mailing Address 3763 CATHEDRAL OAKS PLACE, SOUTH JACKSONVILLE, FL 32217		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 542071431	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC 4741 ATLANTIC BLVD., SUITE D JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when renewing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 15, 2003					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR JAMAL S. SALAMEH 3763 CATHEDRAL OAKS PL, South Jacksonville, FL 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 30001868840 05/12/03--01005--013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/29/03 381-9500 Daytime Phone #		

CP2500 (10/02)