

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

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03-31-2003 90001 013 ****50.00

DOCUMENT # L02000028987

1. Entity Name

CFPICS HOSPITALISTS, LLC



Principal Place of Business

Mailing Address

**844 N. THORNTON AVENUE
ORLANDO FL 32802**

**844 N. THORNTON AVENUE
ORLANDO FL 32802**

2. Principal Place of Business

844 N. Thornton Avenue

3. Mailing Address

P.O. Box 533374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

270034857

Applied For

☐ Not Applicable

Zip
32803

Country
USA

Zip
32853

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEEKIN, JAMES F-JR.
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Virek S. Desai, M.D.**

Street Address (P.O. Box Number is Not Acceptable)
844 North Thornton Avenue

City **Orlando**

FL

Zip Code
32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Medical Doctor** ☐ Delete
NAME **Ayodeji B. Otegbeye**
STREET ADDRESS **844 North Thornton Avenue**
CITY-ST-ZIP **Orlando, FL. 32803**

TITLE **Medical Doctor** ☐ Delete
NAME **Virek S. Desai**
STREET ADDRESS **844 North Thornton Avenue**
CITY-ST-ZIP **Orlando, FL. 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Medical Doctor** ☐ Change ☒ Addition
NAME **Oludapo F. Soremi**
STREET ADDRESS **844 North Thornton Avenue**
CITY-ST-ZIP **Orlando, FL. 32803**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/03

Date

Daytime Phone #

(407) 894-8768

CR2E083 (10/02)