2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L03000014762

Entity Name: HOSPITALISTS OF AMERICA, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 77-0596791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE, 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: SOTOLONGO, ISELA
Address: 2121 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete
Name: RICO, JORGE
Address: 2121 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEOP (X) Change ( ) Addition
Name: SOTOLONGO, ISELA
Address: 2121 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Change ( ) Addition
Name: RICO, JORGE
Address: 2121 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: CFOT ( ) Change (X) Addition
Name: CABRERA, MARCIO
Address: 2121 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR ( ) Change (X) Addition
Name: FERNANDEZ, MIGUEL B
Address: 2121 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR ( ) Change (X) Addition
Name: PADRON, CARLOS
Address: 2121 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134 US

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: MIGUEL B. FERNANDEZ MGR 04/29/2005

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