

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000014762

FILED
Oct 06, 2006
Secretary of State

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 (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: MARTIN BURKETT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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

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 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: ISELA SOTOLONGO

CEO

10/06/2006

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