# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 07, 2008**
**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 (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:**

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CYNTHIA L. HARRIS 05/07/2008
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | CEOP | ( ) Delete |
| Name: | SOTOLONGO, ISELA | |
| Address: | 2121 PONCE DE LEON BLVD SUITE 300 | |
| City-St-Zip: | CORAL GABLES, FL 33134 US | |
| Title: | MGR | ( ) Delete |
| Name: | RICO, JORGE | |
| Address: | 2121 PONCE DE LEON BLVD SUITE 300 | |
| City-St-Zip: | CORAL GABLES, FL 33134 US | |
| Title: | CFOT | ( ) Delete |
| Name: | KNOWLES, LEE | |
| Address: | 2121 PONCE DE LEON BLVD SUITE 300 | |
| 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 BLVD SUITE 300 | |
| 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: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 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: LEE KNOWLES CFO 05/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date