FILED
Apr 13, 2004 8:00 am
Secretary of State
03-12-2004 90226 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025627

1. Entity Name
NORTH FLORIDA HOSPITALISTS, LLC

34003243

01132004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1893 KINGSLEY AVE, STE C ORANGE PARK, FL 32073	1893 KINGSLEY AVE, STE C ORANGE PARK, FL 32073
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1173280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.
50 NORTH LAURA ST, STE 2500
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name EDWARD C. AKEL
Street Address (P.O. Box Number is Not Acceptable) 1 INDEPENDENT DR. STE 2301
City JACKSONVILLE FL Zip Code 32202

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 Edward C. Akel
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEB 26 2004
DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stuart Z. Millstow, MD ☐ Delete Director 1893 Kingsley Avenue, Suite C Orange Park, FL 32073	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mitchell S. Rotfiskin, MD ☐ Delete Director 1893 Kingsley Avenue, Suite C Orange Park, FL 32073	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
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] 2-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

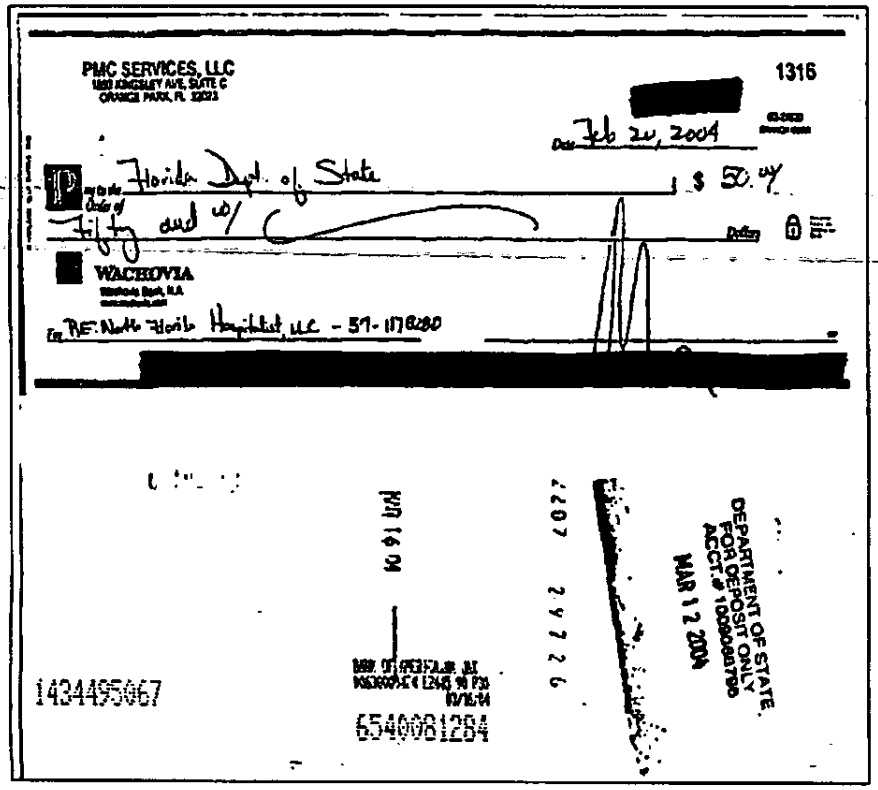
Attachment
34-0032473 Close
#L03000025627

WACHOVIA

ONLINE IMAGE

ACCOUNT NUMBER: 2000014470417

Check Number	Amount	Date Posted
1316	$50.00	03/16/2004



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