2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90423 004 ****50.00

2-23-06

DOCUMENT # L03000025627 1. Entity Name NORTH FLORIDA HOSPITALISTS, LLC								02-27-2000	90 4 23 (J04 J	0.00
Principal Place 1893 KINGSL ORANGE PAR	EY AVE, ST	E C	1893 K	Mailing Address 1893 KINGSLEY AVE, STE C . ORANGE PARK, FL 32073				COIST SIIN OSIII DOIN OSIII		0108	
2. Principal P	lace of Busin	ness	3. Mailing	3. Mailing Address							
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				Chg-LLC	CR2E	083 (11/05)	
City & State	9		City &	City & State				3280 5 7-	117 82	0 A H	plied For at Applicable
Zip				Zip Coun		try		of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
AKEL, EDWARD C 1 INDEPENDENT DR.						Name Street Address (P.O. Box Number is Not Acceptable)					
STE. 2301 JACKSONVILLE, FL 32202								· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
		,				City	FL Zip Code			6	
		y submits this statemer tered agent.	nt for the purpos	e of changing its	registere	ed office or regis	tered agent, or bo	th, in the State of Flo	rida, I am	familiar with,	and accept
SIGNATURE .	Cinnatura broad	or printed name of registered a	nest and title if annies	TOM:	Penintara	d Agent signature requi	irad uman constation).		DATE		
	SQLATOR, types	of branco usue or rediscusor si	Deut and the it appairs	INOTE	rveljistere	o Agent signatura requi	aen wiesi iessztstriði	2.5	Ser of the	و عو پاپاک	
Fi De	ling Fee ue by Ma						Mak	e chéck (payable to nent of State	9	
9.		MANAGING MEN	MBERS/MANAG	SERS	10.			ADDITIONS/	CHANGE	3	
NAME STREET ADDRESS CITY-ST-ZIP	1782 KIN	NE, STUART Z GSLEY AVENUE, S PARK, FL 32073	UITE C	☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1893 KIN	EIN, MITCHELL S GSLEY AVENUE, S PARK, FL 32073	UITE C	□ Defete						☐ Change	Addition
TITLE NAME — — STREET ADDRESS CITY-ST-ZIP	-			Delete			-		-	Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		i				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			-	□ Delete	CITY	EET ADDRESS '+ST-ZIP				☐ Change	Addition
11. I hereby indicated	certify that the	ne information supplied ort is true and accurate	with this filing d and that my sig	oes not qualify for nature shall have t	the exe the sam	mptions containe e legal elfect as	ed in Chapter 119, if made under oath	Florida Statutes, I fu that I am a manag	arther certi ging memb	fy that the info per or manage	ormation er of the

腳

سے یا جو ن

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501-0023

ATTACHMENT

DATE OF THIS NOTICE: 07-24-2003 NUMBER OF THIS NOTICE: CP 575 E EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBOD

NUMBER: 57-1178280 NOBOD 0000002530

200/08/8 #C0300025627

FOR ASSISTANCE CALL US AT: 1-800-829-0115

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN <u>57-1178280</u>. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .