

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025627

FILED
Apr 15, 2009
Secretary of State

Entity Name: NORTH FLORIDA HOSPITALISTS, LLC

Current Principal Place of Business:

1893 KINGSLEY AVE, STE C
ORANGE PARK, FL 32073

New Principal Place of Business:

1893 KINGSLEY AVE, SUITE C
ORANGE PARK, FL 32073

Current Mailing Address:

1893 KINGSLEY AVE, STE C
ORANGE PARK, FL 32073

New Mailing Address:

1893 KINGSLEY AVE, SUITE C
ORANGE PARK, FL 32073

FEI Number: 57-1178280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, EDWARD C
1 INDEPENDENT DR.
STE. 2301
JACKSONVILLE, FL 32202 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/MANAGERS:

Title: MGR () Delete
Name: PMC SERVICES, LLC
Address: 1893 KINGSLEY AVENUE, SUITE C
City-St-Zip: ORANGE PARK, FL 32073

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

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: MILLSTONE, STUART Z MD
Address: 1893 KINGSLEY AVENUE, SUITE C
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Change (X) Addition
Name: ROTHSTEIN, MITHCELL S MD
Address: 1893 KINGSLEY AVENUE, SUITE C
City-St-Zip: ORANGE PARK, FL 32073

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: STUART Z MILLSTONE

D

04/15/2009

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