2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# L03000025627

Entity Name: NORTH FLORIDA HOSPITALISTS, LLC

Current Principal Place of Business:

1893 KINGSLEY AVE, SUITE C
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1893 KINGSLEY AVE, SUITE C
ORANGE PARK, FL 32073

New Mailing Address:

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

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

ADDITIONS/CHANGES:

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

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: STUART Z. MILLSTONE D 05/20/2009

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