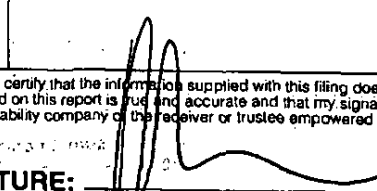


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-12-2004 90226 033 ****50.00

DOCUMENT # L03000030781 1. Entity Name ORANGE PARK HOSPITALISTS, LLC																										
Principal Place of Business 1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073			Mailing Address 1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073																							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		34002026 -019688  01282004 Chg-LLC CR2E083 (10/03)																						
4. FEI Number 30-0202984				Applied For ☐ Not Applicable																						
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MOTELAW, INC. 50 N. 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  FEB 26 2004 (NOTE: Registered Agent signature required when re-registering)																						
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																						
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																										
SIGNATURE: 				Date 904/276-2044																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																										