FILED
Mar 24, 2004 8:00 am
Secretary of State
03-12-2004 90226 033 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030781

1. Entity Name
ORANGE PARK HOSPITALISTS, LLC

34002026

01282004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073	1893 KINGLSEY 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: 30-0202984 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~MOTCLAW, 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: [signature] DATE: FEB 26 2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

Field	Entry	Delete
TITLE	Director	☐ Delete
NAME	Stuart Z. Millstone, M.D	
STREET ADDRESS	1873 Kingsley Avenue, Suite C	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	Director	☐ Delete
NAME	Mitchell S. Rothstein, M.D	
STREET ADDRESS	1893 Kingsley Avenue, Suite C	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

Field	Entry	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — 904/276-2044 Daytime Phone #