


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000030781</b> 1. Entity Name ORANGE PARK HOSPITALISTS, LLC	
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Principal Place of Business 1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073	Mailing Address 1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073
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**DO NOT WRITE IN THIS SPACE**

01172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0202984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  AKEL, EDWARD C 1 INDEPENDENT DR. SUITE 2301 JACKSONVILLE, FL 32202	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000197959  
01/27/05-80031-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLSTONE, STUART Z M.D. 1873 KINGSLEY AVENUE, SUITE C ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSTEIN, MITCHELL S M.D. 1893 KINGSLEY AVENUE, SUITE C ORANGE PARK, FL 32073
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **1-20-05** **901/276-2044**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #