# , 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L03000030781

1. Entity Name

ORANGE PARK HOSPITALISTS, LLC



Principal Place of Business

ORANGE PARK, FL 32073

1893 KINGLSEY AVE, STE C

Mailing Address

1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073

### FILED Feb 24, 2006 08:00 AM **Secretary of State**



#### DO NOT WRITE IN THIS SPACE

02142008 No Chg-LLC

CR2E083 (11/05)

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

AKEL, EDWARD C 1 INDEPENDENT DR. SUITE 2301 JACKSONVILLE, FL 32202

## DO NOT WRITE IN THIS SPACE

5. The above the obliga	e named entity submits this statement for the purpose of cha flons of registered agent.	inging its registered office or registered agent, or bo	oih, in the State of Florida. I am familiar with, and accept		
SIGNATURE.					
Signature, typed or printed name of registered agent and title if applicable		(NOTE, Registered Agent signature miquired when reinstating)	DATE		
F	iling Fee is \$50.00 lue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	D				
NAME	MILLSTONE, STUART Z M.D.				
STREET ADDRESS	1873 KINGSLEY AVENUE, SUITE C				
CITY-ST-ZIP	ORANGE PARK, FL 32073				
TITLE	D				
NAME	ROTHSTEIN, MITCHELL S M.D.				
STREET ADDRESS	1893 KINGSLEY AVENUE, SUITE C				
CITY - ST - ZIP	ORANGE PARK, FL 32073		UUUUUU445 <b>S</b> 10		
TITLE			04/07/06-80049-011 S0.00		
NAME		1			
STREET ADDRESS	<u>}</u>	I			

DO NOT WRITE

IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it 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.

SIG	NA	TL	IR	F:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S7-20

HAME STREET ADDRESS CCTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2,21-06

904/276-2044

Saytime Phone #