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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000030781

1. Entity Name
ORANGE PARK HOSPITALISTS, LLC

Principal Place of Business	Mailing Address
1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073	1893 KINGLSEY AVE, STE C ORANGE PARK, FL 32073.

DO NOT WRITE IN THIS SPACE

02192007No 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

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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 _____ DATE
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, 2007

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

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11. I hereby certify that the information supplied with this filing 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 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: _____ 2-23-07 904/276-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #