


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000030781 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



01222008No Chg-LLC

CR2E083 (12/07)

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
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**DO NOT WRITE
IN THIS SPACE**

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 _____

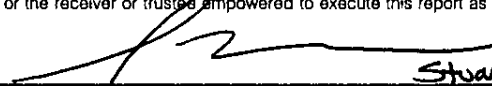
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000814189
02/13/08-80034-012 138.75

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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IN THIS SPACE**

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:  **Stuart Millstone, MD** **1-29-08** **904/276-2044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #