2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2005
Secretary of State

DOCUMENT# L04000025263

Entity Name: AMERICARE HOSPITALIST PARTNERS, LLC

Current Principal Place of Business:

1745 S. HIGHLAND AVENUE
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1698
PINELLAS PARK, FL 33780 US

New Mailing Address:

FEI Number: 20-0955973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YAMANI, M I MD
1745 S. HIGHLAND AVE
CLEAWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: AMERICARE PHYSICIANS, GROUP, LLC
Address: P. O. BOX 1698
City-St-Zip: PINELLAS PARK, FL 33780 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: M. I. YAMANI MGR 04/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date