

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047807

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ORLANDO HOSPITALISTS, L.L.C.

**Current Principal Place of Business:**

7232 SAND LAKE ROAD, SUITE 201  
ORLANDO, FL 32819

**New Principal Place of Business:**

818 MAIN LANE  
ORLANDO, FL 32801

**Current Mailing Address:**

7232 SAND LAKE ROAD, SUITE 201  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-1324267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUTTEREJA, SANJAY  
7232 SAND LAKE ROAD, SUITE 201  
ORLANDO, FL 32819      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: MGRM ( ) Delete  
Name: MUTTREJA, SANJAY P  
Address: 1717 KNOTTING HILL DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Delete  
Name: SOOD, RAJEEV  
Address: 3433 BURLINGTON DRIVE  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MUTTREJA, SANJAY P MD  
Address: 1717 KNOTTING HILL DRIVE  
City-St-Zip: ORLANDO, FL 32835

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: SANJAY P MUTTREJA      MGRM      04/26/2005

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