03/16/2007 08:50 4072489675 VINOD ARORA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90350 012 ****50.00

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

Principal Place of Business	Mailing Address
818 MAIN LANE ORLANDO, FL 32801	7232 SAND LAKE ROAD, SUITE 201 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

03012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1324267
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MUTTEREJA, SANJAY
7232 SAND LAKE ROAD, SUITE 201
ORLANDO, FL 32819

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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	MGRM
NAME	MUTTREJA, SANJAY P MD
STREET ADDRESS	11036 Bridge House Rd
CITY-ST-ZIP	Windermere, FL 34786
TITLE	MGRM
NAME	SOOD, RAJEEV
STREET ADDRESS	3433 BURLINGTON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ 03/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #