2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# L05000042270

Entity Name: PRIMECARE HOSPITALIST GROUP, LLC

Current Principal Place of Business:

1753 W. FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1753 W. FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 20-2801969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REVELLO, MARTIN
1753 W. FLETCHER AVE
TAMPA, FL 33612 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/MANAGERS:

Title:	D	( ) Delete
Name:	REVELLO, MARTIN	
Address:	1753 W. FLETCHER AVE.	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	REVELLO, RAUL MD	
Address:	1753 W. FLETCHER AVE.	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	(X) Delete
Name:	SHARMA, MANISH DO	
Address:	1753 W. FLETCHER AVE.	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARTIN REVELLO D 07/08/2008

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