2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
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
Name: REVELLO, MARTIN
Address: 1753 W. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

Title: D
Name: REVELLO, RAUL MD
Address: 1753 W. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

I hereby 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 Statues.

SIGNATURE: MARTIN REVELLO D 04/29/2010

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