

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081134

Entity Name: TBIM HOSPITALISTS, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

13902 NORTH DALE MABRY, SUITE 260
TAMPA, FL 33618

New Principal Place of Business:

4600 NORTH HABANA AVENUE
SUITE 27
TAMPA, FL 33614

Current Mailing Address:

13902 NORTH DALE MABRY, SUITE 260
TAMPA, FL 33618

New Mailing Address:

4600 NORTH HABANA AVENUE
SUITE 27
TAMPA, FL 33614

FEI Number: 20-3317794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, THOMAS B
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701 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: RODRIGUEZ, RAFAEL S MD
Address: 13902 N. DALE MABRY HWY. SUITE 260
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: RODRIGUEZ, RAFAEL S MD
Address: 4600 NORTH HABANA AVENUE
City-St-Zip: TAMPA, FL 33614

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: COLLEEN LAWLER

MGR

01/07/2008

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