


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90203 048 \*\*\*138.75

**DOCUMENT # L06000028491**

1. Entity Name  
**VOLUSIA HOSPITALIST, P.L.C.**



Principal Place of Business  
**875 STERTHAUS AVE.  
 ORMOND BEACH, FL 32174**

Mailing Address  
**PO BOX 730426  
 ORMOND BEACH, FL 32173-0426**

**60014803**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02042008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
**ALEMAN, MARISEL  
 270 N. US HWY 1  
 ORMOND BEACH, FL 32174**

4. FEI Number  
**20-4556637**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required


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)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYYAL, MAZHAR		NAME		
STREET ADDRESS	PO BOX 730426		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 321730426		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANWER, MUHAMMED		NAME		
STREET ADDRESS	PMB 312, 226 N. NOVA RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KHAN, MOHAMMAD		NAME		
STREET ADDRESS	PO BOX 731415		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 321731415		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANJA, JAWED		NAME		
STREET ADDRESS	PO BOX 730866		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32173		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, BHAWESH N		NAME		
STREET ADDRESS	PO BOX 11192		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32120		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:**  **3/11/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #