

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4556637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEMAN, MARISEL
270 N. US HWY 1
ORMOND BEACH, FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KAYYAL, MAZHAR	
STREET ADDRESS	PO BOX 730426	
CITY-ST-ZIP	ORMOND BEACH, FL 321730426	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANWER, MUHAMMED	
STREET ADDRESS	PMB 312, 226 N. NOVA RD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KHAN, MOHAMMAD	
STREET ADDRESS	PO BOX 731415	
CITY-ST-ZIP	ORMOND BEACH, FL 321731415	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PANJA, JAWED	
STREET ADDRESS	PO BOX 730866	
CITY-ST-ZIP	ORMOND BEACH, FL 32173	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATEL, BHAWESH N	
STREET ADDRESS	PO BOX 11192	
CITY-ST-ZIP	DAYTONA BEACH, FL 32120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/11/08

Date

Daytime Phone #