

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028491

FILED
Apr 26, 2009
Secretary of State

Entity Name: VOLUSIA HOSPITALIST, P.L.C.

Current Principal Place of Business:

875 STERTHAUS AVE.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

PO BOX 730426
ORMOND BEACH, FL 321730426

New Mailing Address:

FEI Number: 20-4556637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEMAN, MARISEL
270 N. US HWY 1
ORMOND BEACH, FL 32174 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: MGR () Delete
Name: KAYYAL, MAZHAR
Address: PO BOX 730426
City-St-Zip: ORMOND BEACH, FL 321730426

Title: MGRM () Delete
Name: ANWER, MUHAMMED
Address: PMB 312, 226 N. NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: KHAN, MOHAMMAD
Address: PO BOX 731415
City-St-Zip: ORMOND BEACH, FL 321731415

Title: MGRM () Delete
Name: PANJA, JAWED
Address: PO BOX 730866
City-St-Zip: ORMOND BEACH, FL 32173

Title: MGRM () Delete
Name: PATEL, BHAWESH N
Address: PO BOX 11192
City-St-Zip: DAYTONA BEACH, FL 32120

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADVANCED HOSPITALIST SERVICE INC.
Address: PO BOX 730426
City-St-Zip: ORMOND BEACH, FL 321730426

Title: MGRM (X) Change () Addition
Name: ZAINAB CORPORATION
Address: PMB 312, 226 N. NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Change () Addition
Name: YUSRA MEDICAL ASSOCIATES PA
Address: PO BOX 731415
City-St-Zip: ORMOND BEACH, FL 321731415

Title: MGRM (X) Change () Addition
Name: SAPMED INC.
Address: PO BOX 730866
City-St-Zip: ORMOND BEACH, FL 32173

Title: MGRM (X) Change () Addition
Name: BHAWESH N. PATEL PA
Address: PO BOX 11192
City-St-Zip: DAYTONA BEACH, FL 32120

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: MAZHAR KAYYAL

MGR

04/26/2009

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