

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028491

FILED
Mar 26, 2011
Secretary of State

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

Current Principal Place of Business:

301 MEMORIAL PARKWAY
DAYTONA BEACH, FL 32117

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
Name: ADVANCED HOSPITALIST SERVICE INC.
Address: PO BOX 730426
City-St-Zip: ORMOND BEACH, FL 321730426

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

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

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

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

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 Statutes.

SIGNATURE: MAZHAR KAYYAL

MGR

03/26/2011

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