

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000050254

**FILED**  
**Dec 14, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA HOSPITALIST ASSOCIATES, LLC

**Current Principal Place of Business:**

33230 KAYLEE WAY  
LEESBURG, FL 34788

**New Principal Place of Business:**

7235 REGINA WAY  
ORLANDO, FL 32819

**Current Mailing Address:**

33230 KAYLEE WAY  
LEESBURG, FL 34788

**New Mailing Address:**

P.O. BOX 691884  
ORLANDO, FL 32869

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DELBAKSH, FARIBORZ  
33230 KAYLEE WAY  
LEESBURG, FL 34788    US

**Name and Address of New Registered Agent:**

DELBAKSH, FARIBORZ  
7235 REGINA WAY  
ORLANDO, FL 32819    US

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: FARIBORZ DELBAKSH

12/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: DELBAKSH, FARIBORZ  
Address: 33230 KAYLEE WAY  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: DELBAKSH, FARIBORZ  
Address: 7235 REGINA WAY  
City-St-Zip: ORLANDO, FL 32819

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: FARIBORZ DELBAKSH

PRES

12/14/2007

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