2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L06000050254

Entity Name: FLORIDA HOSPITALIST ASSOCIATES, LLC

Current Principal Place of Business:

7235 REGINA WAY
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 691884
ORLANDO, FL 32869

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELBAKHSH, FARIBORZ
7235 REGINA WAY
ORLANDO, FL 32819 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: MGRM ( ) Delete
Name: DELBAKHSH, FARIBORZ
Address: 7235 REGINA WAY
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DELBAKHSH, FARIBORZ
Address: P.O. BOX 895532
City-St-Zip: LEESBURG, FL 34789

Title: MRG ( ) Change (X) Addition
Name: DELBAKHSH, MANDY MRS.
Address: P.O. BOX 895532
City-St-Zip: LEESBURG, FL 34789

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 DELBAKHSH PRES 04/27/2008

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