

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053861

FILED
Apr 30, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA HOSPITALIST LLC

Current Principal Place of Business:

2810 SOUTH EAST 3RD COURT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2810 SOUTH EAST 3RD COURT
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-8110349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHINPILLAI, KETHEESWARAN
3585 SW 24TH AVENUE ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

KETHEESWARAN, KATHIRIPILLAI
3585 SW 24TH AVENUE ROAD
OCALA, FL 34474 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: KATHIRIPILLAI KETHEESWARAN

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KATHINPILLAI, KETHEESWARAN
Address: 3585 SW 24TH AVE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KETHEESWARAN, KATHIRIPILLAI
Address: 3585 SW 24TH AVE
City-St-Zip: Ocala, FL 34474

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: KATHIRIPILLAI KETHEESWARAN

MGRM

04/30/2007

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