2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# L06000070644

Entity Name: COMPREHENSIVE HOSPITALIST SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

3107 STIRLING ROAD STE 101
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3107 STIRLING ROAD STE 101
FT LAUDERDALE, FL 33312

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:

SCHILLINGER, JEFFREY
3107 STIRLING ROAD STE 101
FT LAUDERDALE, FL 33312 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: SCHILLINGER, JEFFREY
Address: 3107 STIRLING ROAD STE 101
City-St-Zip: FT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete
Name: SCHILLINGER, DAVID
Address: 3107 STIRLING ROAD STE 101
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY SCHILLINGER MGMR 01/19/2007

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