

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070644

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** COMPREHENSIVE HOSPITALIST SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

3107 STIRLING ROAD STE 300  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3107 STIRLING ROAD STE 300  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

6400 ATLANTIC BLVD  
ATTN: LEGAL  
JACKSONVILLE, FL 32211

FEI Number: 20-5203435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHILLINGER, JEFFREY  
3107 STIRLING ROAD STE 300  
FT LAUDERDALE, FL 33312 US

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

SCHILLINGER, JEFFREY  
6400 ATLANTIC BLVD  
JACKSONVILLE, FL 32211 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:

04/22/2009

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 300  
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 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

MGRM

04/22/2009

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