

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096457

FILED
Jan 12, 2009
Secretary of State

Entity Name: OB HOSPITALIST GROUP, LLC

Current Principal Place of Business:

4740 COUNTRY MANOR DRIVE
SARASOTA, FL 34233

New Principal Place of Business:

1324 LAKELAND HILLS BOULEVARD
OB HOSPITALIST GROUP, WOMEN'S SERVICES
LAKELAND, FL 33805

Current Mailing Address:

4740 COUNTRY MANOR DRIVE
SARASOTA, FL 34233

New Mailing Address:

1754 WOODRUFF ROAD, UNIT 239
GREENVILLE, SC 29607

FEI Number: 20-5648784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOOLEY, WILLIAM A ESQ.
DOOLEY & DRAKE, P.A.
1432 FIRST STREET
SARASOTA, FL 34236 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: SWAIN, CHRISTOPHER MD
Address: 4740 COUNTRY MANOR DRIVE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SWAIN, CHRISTOPHER MD
Address: 1754 WOODRUFF ROAD, UNIT 239
City-St-Zip: GREENVILLE, SC 29607

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: CHRISTOPHER C. SWAIN, MD

MGRM

01/12/2009

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