

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096457

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** OB HOSPITALIST GROUP, LLC

**Current Principal Place of Business:**

348 F FEASTER ROAD  
GREENVILLE, SC 29615

**New Principal Place of Business:**

10 CENTIMETERS DRIVE  
MAULDIN, SC 29662

**Current Mailing Address:**

348 F FEASTER ROAD  
GREENVILLE, SC 29615

**New Mailing Address:**

10 CENTIMETERS DRIVE  
MAULDIN, SC 29662

**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  
1432 FIRST STREET  
SARASOTA, FL 34236 US

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: KATHRINE MEER

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OB HOSPITALIST GROUP, INC.  
Address: 10 CENTIMETERS DRIVE  
City-St-Zip: MAULDIN, SC 29662

I hereby 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: OB HOSPITALIST GROUP, INC.

MGRM

03/15/2011

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