

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005045

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** TRICOUNTY HOSPITALISTS, LLC

**Current Principal Place of Business:**

1906 WINGFIELD DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1906 WINGFIELD DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 20-8228899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, GOLDBERG, LEACH & COHN, P.L.  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 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: SHARIF, SHAHID  
Address: 1906 WINGFIELD DRIVE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

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: SHAHID SHARIF

MGRM

04/18/2008

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