

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005045

FILED
Mar 19, 2012
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:

COHEN FLORIDA
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
Name: SHARIF, SHAHID
Address: 1906 WINGFIELD DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: SHAHID SHARIF

MGRM

03/19/2012

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