

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009764

Entity Name: WESTCOAST HOSPITALISTS, L.L.C.

FILED  
May 16, 2008  
Secretary of State

**Current Principal Place of Business:**

204-37TH AVENUE NORTH, #427  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

204-37TH AVENUE NORTH, #427  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 13-4354001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PROIETTO, ROBERT L  
204-37TH AVENUE NORTH, #427  
ST. PETERSBURG, FL 33704 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: CASADEVALLS, JUAN  
Address: 1197-37TH AVENUE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM ( ) Delete  
Name: PROIETTO, ROBERT L  
Address: 4611 OVERLOOK DRIVE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703

**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: ROBERT L. PROIETTO

MGRM

05/16/2008

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