2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000086118

Entity Name: GL HOSPITALISTS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

7190 SW 66 AVENUE
MIAMI, FL 33143

New Principal Place of Business:

9195 SW 72 ST
#200
MIAMI, FL 33173

Current Mailing Address:

7190 SW 66 AVENUE
MIAMI, FL 33143

New Mailing Address:

9195 SW 72 ST
#200
MIAMI, FL 33173

FEI Number: 65-1315871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, MANUEL
7190 SW 66 AVENUE
MIAMI, FL 33143 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: LOPEZ, MANUEL
Address: 7190 SW 66 AVENUE
City-St-Zip: MIAMI, FL 33143

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: GONZALEZ, MANUEL
Address: 11513 SW 61 TERRACE
City-St-Zip: MIAMI, FL 33173

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: MANUEL LOPEZ MGRM 04/30/2008

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