

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087052

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SPACE COAST HOSPITALISTS, LLC

**Current Principal Place of Business:**

1326 MALABAR RD. S.E., STE 5  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

1326 MALABAR RD. S.E., STE 5  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 26-0873314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD, SUITE 505  
MELBOURNE, FL 32901 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:** GARCIA, JOVEN T M.D.  
**Address:** 133 BRANDY CREEK CIRCLE, S.E.  
**City-St-Zip:** PALM BAY, FL 32909`

**Title:** MGR  
**Name:** CHHINDRA, JAGDEEP MD  
**Address:** 1934 ORLEANS DRIVE, APT D  
**City-St-Zip:** INDIALANTIC, FL 32903

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:** JOVEN T GARCIA

MGRM

04/29/2011

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