2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001884

City-St-Zip:

EUSTIS, FL 32736

Entity Name: HOSPITALISTS OF CENTRAL FLORIDA, L.L.C.

FILED Jan 26, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 19333 SPRING OAK DRIVE EUSTIS, FL 32736 **Current Mailing Address: New Mailing Address:** 19333 SPRING OAK DRIVE EUSTIS, FL 32736 FEI Number: 26-1783375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: URICH-LIEBERSBACH, LAURA 19333 SPRING OAK DRIVE EUSTIS, FL 32736 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BRIAN F. LIEBERSBACH, , M.D., PH.D. Name: Name: Address: 19333 SPRING OAK DRIVE Address: City-St-Zip: EUSTIS, FL 32736 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ION, ADIAN M.D. Name: Address: 19333 SPRING OAK DRIVE Address: City-St-Zip: EUSTIS, FL 32736 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition URICH-LIEBERSBACH, LAURA Name: Name: Address: 19333 SPRING OAK DRIVE Address:

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.

City-St-Zip:

SIGNATURE: L L URICH-LIEBERSBACH MGMR 01/26/2009