

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026656

FILED
Apr 24, 2009
Secretary of State

Entity Name: HARBOR HOSPITALISTS LLC

Current Principal Place of Business:

10043 WINDING RIVER ROAD
PUNTA GORDA, FL 33950

New Principal Place of Business:

21202 OLEAN BLVD UNIT C-3
PORT CHARLOTTE, FL 33952

Current Mailing Address:

10043 WINDING RIVER ROAD
PUNTA GORDA, FL 33950

New Mailing Address:

21202 OLEAN BLVD UNIT C-3
PORT CHARLOTTE, FL 33952

FEI Number: 32-0240608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODINE, BIRGIT
10043 WINDING RIVER ROAD
PUNTA GORDA, FL 33950 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: BODINE, BIRGIT MD
Address: PO BOX 511478
City-St-Zip: PUNTA GORDA, FL 33951

Title: MGRM () Delete
Name: GLEICHER, HERMANN MD
Address: PO BOX 511478
City-St-Zip: PUNTA GORDA, FL 33951

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GLEICHER, HERMANN MD
Address: PO BOX 510670
City-St-Zip: PUNTA GORDA, FL 33951

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: BIRGIT BODINE

MGR

04/24/2009

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