2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# L08000041005

Entity Name: TREASURE COAST HOSPITALIST, P.L.

Current Principal Place of Business:

1523 SEA HOLLY WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1523 SEA HOLLY WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 26-3178257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHACHI, YOUNES M.D.
1523 SEA HOLLY WAY
PALM CITY, FL 34990 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: LEHACHI, YOUNES M.D.
Address: 1523 SEA HOLLY WAY
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Delete
Name: GIL, WALTER M.D.
Address: 850 NW FEDERAL HWY - STE 151
City-St-Zip: STUART, FL 34994

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: LEHACHI,YOUNES M.D. 03/15/2009

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