

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041005

FILED
Feb 17, 2010
Secretary of State

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

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: YOUNES LEHACHI

PRES

02/17/2010

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