

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041940

Entity Name: US HOSPITALISTS LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

13005 SOUTHERN BLVD STE 135
LOXAHATCHEE, FL 33470

New Principal Place of Business:

3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449

Current Mailing Address:

PO BOX 1602
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-3218872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, SHEKHAR V MD
13005 SOUTHERN BLVD STE 135
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

SHARMA, SHEKHAR V MD
3347 STATE ROAD 7, SUITE 200
WELLINGTON, FL 33449 US

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: SHEKHAR V SHARMA, MD

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARMA, SHEKHAR V
Address: 1631 FLAGLER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33470

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARMA, SHEKHAR V
Address: 1631 FLAGLER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: SHEKHAR V SHARMA, MD

MGRM

04/16/2009

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