

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041940

Entity Name: US HOSPITALISTS LLC

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449

New Principal Place of Business:

Current Mailing Address:

PO BOX 1602
LOXAHATCHEE, FL 33470

New Mailing Address:

3347 STATE ROAD 7
SUITE 200
WELLINGTON, FL 33449

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
3347 STATE ROAD 7, SUITE 200
WELLINGTON, FL 33449 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: SHARMA, SHEKHAR V
Address: 1631 FLAGLER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: SHEKHAR V SHARMA

MGRM

04/20/2011

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