

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041940

Entity Name: US HOSPITALISTS LLC

**FILED**  
**Apr 16, 2012**  
**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:**

3347 STATE ROAD 7  
SUITE 200  
WELLINGTON, FL 33449

**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  
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: SHEKHARVSHARMA

MGRM

04/16/2012

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