

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050618

FILED
Apr 23, 2009
Secretary of State

Entity Name: MID-FLORIDA OB/GYN HOSPITALIST PHYSICIAN SERVICES, L.L.C.

Current Principal Place of Business:

200 AVE F NORTHEAST
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

200 AVE F NORTHEAST
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 42-1765830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANASTASIO, LANCE W
200 AVE F NORTHEAST
WINTER HAVEN, FL 33881 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: ANASTASIO, LANCE W
Address: 200 AVE F NE
City-St-Zip: WINTER HAVEN, FL 33881

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: CARRIE L. GRINER

SEC

04/23/2009

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