

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000058694

FILED
Aug 28, 2009
Secretary of State**Entity Name:** HOSPITALIST M.D. ASSOCIATES, LLC.**Current Principal Place of Business:**10021 PINES BLVD
SUITE # 210
PEMBROKE PINES, FL 33024**New Principal Place of Business:****Current Mailing Address:**10021 PINES BLVD
SUITE # 210
PEMBROKE PINES, FL 33024**New Mailing Address:****FEI Number:** 26-2836531**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PINA, JULIO D DR.
10021 PINES BLVD
SUITE # 210
PEMBROKE PINES, FL 33024 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 () Delete
Name: PINA, JULIO D MD.
Address: 10021 PINES BLVD, SUITE # 210
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** MGRM () Delete
Name: RUIZ LLANES, JORGE MD.
Address: 10021 PINES BLVD, SUITE # 210
City-St-Zip: PEMBROKE PINES, FL 33024**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIO D PINA

P

08/28/2009

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