2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089055

Current Principal Place of Business:

Entity Name: VENETIAN HOSPITALIST SERVICES, LLC

FILED Apr 22, 2009 Secretary of State

New Principal Place of Business:

450 THE RIALTO VENICE, FL 34285 **Current Mailing Address: New Mailing Address:** 535 US HWY 41 BYPASS NORTH #239 VENICE, FL 34292 FEI Number: 26-3347731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEAVER, JOHN 535 US HWY 41 BYPASS NORTH #239 VENICE, FL 34292 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: Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

AGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PANDYA, SUNIL
 Name:

 Address:
 535 US HWY 41 BYPASS NORTH, #239
 Address:

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 KING, LINELL
 Name:

 Address:
 535 US HWY 41 BYPASS NORTH, #239
 Address:

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 WEAVER, JOHN
 Name:

 Address:
 535 US HWY 41 BYPASS NORTH, #239
 Address:

 City-St-Zip:
 VENICE, FL 34292
 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: CATHERINE M FOSTH CPA MGR 04/22/2009