

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005087

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** EXCEL HOSPITALIST PARTNERS, LLC

**Current Principal Place of Business:**

9013 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

9013 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REDDY, RAM  
9013 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 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: REDDY, RAM  
Address: 5804 LAKE UNDERHILL RD, SUITE # C  
City-St-Zip: ORLANDO, FL 32807

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: RAM REDDY

PRES

04/28/2011

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