

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000005252

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** FIRST CITY HOSPITALISTS GROUP, PLLC

**Current Principal Place of Business:**

923 WOODBRIDGE HOLLOW ROAD NORTH  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

923 WOODBRIDGE HOLLOW ROAD NORTH  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 26-4057701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRITCHARD, ROBERT H  
1301 RIVERPLACE BLVD. SUITE 1500  
JACKSONVILLE, FL 32207 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: PRIOLEAU, JOHN M.D.  
Address: 923 NORTH WOODBRIDGE HOLLOW ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

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: JOHN PRIOLEAU

MGRM

02/16/2011

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