

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000005252

FILED
Jan 27, 2012
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

01/27/2012

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