

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000008668

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** HOSPITALIST OB/GYN LLC

**Current Principal Place of Business:**

2734 WINDGUARD CIR, STE 102  
WESLEY CHAPEL, FL 335447362

**New Principal Place of Business:**

13601 BRUCE B DOWNS BLVD  
TAMPA, FL 33613

**Current Mailing Address:**

PO BOX 46577  
TAMPA, FL 33646

**New Mailing Address:**

FEI Number: 26-4173068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHN L CUNNINGHAM CPA  
2130 W BRANDON BLVD  
SUITE 205  
BRANDON, FL 33511 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: MGR  
Name: PATEL, NIRAJ  
Address: 20321 MERRY OAK AVE  
City-St-Zip: TAMPA, FL 33647

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: NIRAJ V PATEL

MGR

01/07/2011

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