

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072579

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** HOSPITALIST GROUP OF MANATEE COUNTY P.L.

**Current Principal Place of Business:**

250 2ND STREET EAST  
SUITE 3B  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

2075 FRUITVILLE ROAD  
SUITE 200  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 27-0627895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, JORGE H M.D.  
250 2ND STREET EAST  
SUITE 3B  
BRADENTON, FL 34208 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:** JORGE, HERNANDEZ MD  
**Address:** 250 2ND STREET EAST; SUITE 3B  
**City-St-Zip:** BRADENTON, FL 34208

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: JORGE HERNANDEZ

MGR

04/29/2011

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