

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076300

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** PHYAMERICA HOSPITAL SPECIALISTS, LLC

**Current Principal Place of Business:**

154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 27-0707127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOPER, FRANCES G ESQ.  
901 VENETIA BAY BLVD.  
SUITE 240  
VENICE, FL 34285 US

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

COOPER, FRANCES G ESQ.  
9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

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:

01/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MASON, CLAUDE J MD  
Address: 154 LOOKOUT POINT DRIVE  
City-St-Zip: OSPREY, FL 34229

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: CLAUDE JOHN MASON

PRES

01/07/2010

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