2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

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Entity Name: HOSPITAL PHYSICIANS OF N.E. FLORIDA, LLC

Current Principal Place of Business:

1689 EAGLE HARBOR PARKWAY, #A
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1689 EAGLE HARBOR PARKWAY, #A
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 27-1993864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRENT, ABRAHAM, REITER, MCCORMICK & JOHNSO
50 N. LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSO
50 N. LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202 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: DAVID ABRAHAM, ESQ. 03/25/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LIONEL J. GATIEN DO PA
Address: 1689 EAGLE HARBOR PKY, SUITE A
City-St-Zip: ORANGE PARK, FL 32003 US

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 Statues.

SIGNATURE: LIONEL J. GATIEN MGRM 03/25/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date