2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2012
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:

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSO
50 N. LAURA STREET, SUITE 2750
JACKSONVILLE, FL 32202 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: 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 DO MGRM 04/27/2012

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