

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042951

FILED
Mar 27, 2011
Secretary of State

Entity Name: MED-PEDS HOSPITALIST OF FLORIDA, LLC

Current Principal Place of Business:

1790 SOUTH TREASURE DRIVE
UNIT 2B
NORTH BAY VILLAGE, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

1790 SOUTH TREASURE DRIVE
UNIT 2B
NORTH BAY VILLAGE, FL 33141 US

New Mailing Address:

FEI Number: 27-2471847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGH, RAVINDER H
1790 SOUTH TREASURE DRIVE
UNIT 2B
NORTH BAY VILLAGE, FL 33141 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: DR.
Name: SINGH, RAVINDER
Address: 1790 S. TREASURE DR., UNIT 2B
City-St-Zip: NORTH BAY VILLAGE, FL 33141 USA

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: RAVINDER SINGH

DR.

03/27/2011

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