2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

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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:

SINGH, RAVINDER H
1790 S. TREASURE DR.
UNIT 2B
NORTH BAY VILLAGE, FL 33141 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: RAVINDER SINGH 02/07/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: DR.
Name: SINGH, RAVINDER
Address: 1279 E. EDGEWOOD ST.
City-St-Zip: SPRINGFIELD, MO 65804

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: RAVINDER SINGH DR. 02/07/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date