

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000060680

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE HOSPITALIST SERVICES OF NAPLES, LLC

**Current Principal Place of Business:**

300 S. PARK RD, STE 400  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

6400 ATLANTIC BOULEVARD  
ATTN: LEGAL DEPT.  
JACKSONVILLE, FL 32211

**New Mailing Address:**

1300 RIVERPLACE BLVD, STE 300  
ATTN: LEGAL DEPT.  
JACKSONVILLE, FL 32207

**FEI Number:** 27-2795567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** EDCARE MANAGEMENT, INC.  
**Address:** 300 S. PARK RD, STE 400  
**City-St-Zip:** HOLLYWOOD, FL 33021

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: SARAH CH CRASS

VP

04/02/2012

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