

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000068388

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Entity Name:** UNITED HOSPITALISTS GROUP, LLC

**Current Principal Place of Business:**

478 E ALTAMONTE DRIVE  
SUTIE 108, BOX #410  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

478 E ALTAMONTE DRIVE  
SUTIE 108, BOX #410  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 27-2923202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CB&G SERVICES, INC.  
283 CRANES ROOST BLVD.  
ALTAMONTE SPRINGS, FL 32701 US

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

DAVID J MCCARRON CPA PA  
1900 N MILLS AVENUE  
SUITE 100  
ORLANDO, FL 32803 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 J MCCARRON

10/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GREATER ORLANDO HOSPITALISTS, P.A.  
**Address:** 478 E ALTAMONTE DRIVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** MGRM  
**Name:** TRICOUNTY HOSPITALISTS, LLC  
**Address:** 1906 WINGFIELD DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

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:** GREATER ORLANDO HOSPITALISTS, P.A.

MGRM

10/18/2011

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