

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000068388

FILED
Jan 04, 2012
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:

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

MGRM

01/04/2012

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