

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000154874

FILED
Oct 15, 2014
Secretary of State

Entity Name: DOCTORS HOSPITALIST GROUP LLC

Current Principal Place of Business:

1150 CAMPO SANO AVENUE
SUITE 420
CORAL GABLES, FL 33146

New Principal Place of Business:

1150 CAMPO SANO AVENUE
SUITE 420
CORAL GABLES, FL 33146 UN

Current Mailing Address:

1150 CAMPO SANO AVENUE
SUITE 420
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 46-4027623 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RODRIGUEZ, LEUNAM J M.D.
4420 SW 63RD AVE
MIAMI, FL 33165 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: EDGARDO REYES- AYALA MD

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: RODRIGUEZ, LEUNAM J M.D.
Address: 4420 SW 63RD AVE
City-St-Zip: MIAMI, FL 33165

Title: MGR
Name: ASMAR-FERNANDEZ, YASER M.D.
Address: 12550 SW 62 AVE
City-St-Zip: MIAMI, FL 33156

Title: MGR
Name: LEMUS, DAGMAR M.D.
Address: 6061 SW 13TH STREET
City-St-Zip: MIAMI, FL 33144

Title: MGR
Name: REYES-AYALA, EDGARDO R M.D.
Address: 9470 SW 72 COURT
City-St-Zip: MIAMI, FL 33156

Title: MGR
Name: BRIJBAG, BERNHARD B D.O.
Address: 5500 SW 63RD AVE
City-St-Zip: MIAMI, FL 33155

Title: MGR
Name: LOPEZ, MANUEL A M.D.
Address: 9471 SW 97TH STREET
City-St-Zip: MIAMI, FL 33176

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: EDGARDO REYES-AYALA

MD

10/15/2014

Electronic Signature of Authorized Person

Date