

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000005040

FILED
Jan 05, 2011
Secretary of State

Entity Name: EAGLE HOSPITALIST CONNECTIONS, LLC

Current Principal Place of Business:

5901-C PEACHTREE DUNWOODY ROAD SUITE 350
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

5901-C PEACHTREE DUNWOODY ROAD SUITE 350
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 51-0646606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: CFO
Name: NICHOLS, ROBIN A
Address: 5901-C PEACHTREE DUNWOODY ROAD SUITE 350
City-St-Zip: ATLANTA, GA 30328

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: ROBIN A NICHOLS

CFO

01/05/2011

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