

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003689

1. Entity Name
HOSPITALIST ASSOCIATES, INC.



Principal Place of Business
**7800 LAKE UNDERHILL RD.
ORLANDO, FL 32822**

Mailing Address
**7800 LAKE UNDERHILL RD.
ORLANDO, FL 32822**



04242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1059368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAXINE, JONES W
1336 S. RIDGE LAKE CIRCLE
LONGWOOD, FL 32750**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE 1 D
NAME AGARD, TANYA
STREET ADDRESS 7800 LAKE UNDERHILL RD.
CITY-ST-ZIP ORLANDO, FL 32822

TITLE 2D
NAME COSKUN, NEIL
STREET ADDRESS 7800 LAKE UNDERHILL RD.
CITY-ST-ZIP ORLANDO, FL 32822

TITLE 3D
NAME MUTTREJA, SANJAY
STREET ADDRESS 7800 LAKE UNDERHILL RD.
CITY-ST-ZIP ORLANDO, FL 32822

TITLE 4D
NAME IBNE-RASA, HASSIB
STREET ADDRESS 7800 LAKE UNDERHILL RD.
CITY-ST-ZIP ORLANDO, FL 32822

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000564218
05/20/06-80055-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2006

Date

(321) 229-5479

Daytime Phone #