

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000003689</b> 1. Entity Name <b>HOSPITALIST ASSOCIATES, INC.</b>						<b>FILED</b> <b>07 SEP 17 PM 2:58</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7800 LAKE UNDERHILL RD.          ORLANDO, FL 32822</b>				Mailing Address <b>7800 LAKE UNDERHILL RD.          ORLANDO, FL 32822</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>33-1059368</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MAXINE, JONES W          1336 S. RIDGE LAKE CIRCLE          LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25          Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
<b>Make check payable to          Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1D</b> <input type="checkbox"/> Delete <b>AGARD, TANYA</b> <b>7800 LAKE UNDERHILL RD.</b> <b>ORLANDO, FL 32822</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ERNESTO ZAVALA</b> <b>1177 LOUISIANA AVENUE Ste 101</b> <b>WINTER PARK, FL 32789</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2D</b> <input checked="" type="checkbox"/> Delete <b>COSKUN, NEIL</b> <b>7800 LAKE UNDERHILL RD.</b> <b>ORLANDO, FL 32822</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TANYA AGARD</b> <b>1177 LOUISIANA AVENUE Ste 101</b> <b>WINTER PARK, FL 32789</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3D</b> <input type="checkbox"/> Delete <b>MUTTREJA, SANJAY</b> <b>7800 LAKE UNDERHILL RD.</b> <b>ORLANDO, FL 32822</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SANJAY P. MUTTREJA</b> <b>1177 LOUISIANA AVENUE Ste 101</b> <b>WINTER PARK, FL 32789</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4D</b> <input checked="" type="checkbox"/> Delete <b>IBNE-RASA, HASSIB</b> <b>7800 LAKE UNDERHILL RD.</b> <b>ORLANDO, FL 32822</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">02/18</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; text-align: center;">800109723176</div> <div style="font-size: 0.8em; text-align: center;">09/20/07--01068--014 **70.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b>				<div style="text-align: right; font-size: 1.5em;">09/11/07</div>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			