2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# P00000032371

Entity Name: FLORIDA HOSPITALISTS, P.A.

Current Principal Place of Business:

P.O.BOX 660038
MIAMI SPRINGS, FL 33266

New Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 930
CORAL GABLES, FL 33134

Current Mailing Address:

P.O.BOX 660038
MIAMI SPRINGS, FL 33266

New Mailing Address:

FEI Number: 65-0994850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAECHTER, MARY C
501 ORIOLE AVE.
MIAMI SPRINGS, FL 33166 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSV ( ) Delete
Name: WAECHTER, MARY C
Address: P.O. BOX 660038
City-St-Zip: MIAMI SPRINGS, FL 33266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C. WAECHTER PTSV 01/24/2007

Electronic Signature of Signing Officer or Director Date