

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032371

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: FLORIDA HOSPITALISTS, P.A.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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:

WAECHTER, MARY C  
290 PALMETTO DR  
MIAMI SPRINGS, FL 33166 US

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

01/06/2008

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 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

01/06/2008

Electronic Signature of Signing Officer or Director

Date