## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000032371

Entity Name: FLORIDA HOSPITALISTS, P.A.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

P.O.BOX 660038 13220 SW 63 AVE.
MIAMI SPRINGS, FL 33266 PINECREST, FL 33156

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAECHTER, MARY C
290 PALMETTO DR
MIAMI SPRINGS, FL 33166 US
WAECHTER, MARY C
13220 SW 63 AVE.
PINECREST, FL 33156 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: 01/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSV ( ) Delete Title: PTSV (X) Change ( ) Addition

 Name:
 WAECHTER, MARY C
 Name:
 WAECHTER, MARY C

 Address:
 P.O. BOX 660038
 Address:
 13220 SW 63 AVE.

 City-St-Zip:
 MIAMI SPRINGS, FL 33266
 City-St-Zip:
 PINECREST, FL 33156

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 01/27/2009