

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062535

FILED
Jan 04, 2005
Secretary of State

Entity Name: MIAMI BEACH HOSPITALIST, INC.

Current Principal Place of Business:

1551 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 266211
WESTON, FL 333266211

New Mailing Address:

FEI Number: 65-1120810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, BRENT D
TWO ALHAMBRA PLAZA
PENTHOUSE II B
CORAL GABLES, FL 33134 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: D () Delete
Name: ARMAS, JOSE
Address: 1551 SAWGRASS CORPORATE PKWY #110
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: ZAFFOS, STEVEN
Address: 1551 SAWGRASS CORPORATE PKWY #110
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: STEVEN ZAFFOS

T

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date