


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 017 ***150.00

DOCUMENT # P01000098482 1. Entity Name TAMPA REGIONAL HOSPITALIST GROUP, P.A.						
Principal Place of Business 8001 N DALE MABRY 601 A TAMPA, FL 33614			Mailing Address PO BOX 274024 TAMPA, FL 33688-4024			
2. Principal Place of Business PO BOX 274024			3. Mailing Address 			
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 			
City & State TAMPA FL			City & State 			
Zip 33688-4024			Country 			
4. FEI Number 59-3749015			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LINSKY, PHILIP 8001 N DALE MABRY 601-A TAMPA, FL 33614			7. Name and Address of New Registered Agent Name NO CHANGES Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>PHILIP LINSKY</u> <i>PS/SLT</i> DATE <u>3/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR LINSKY, PHILIP 8001 N DALE MABRY 601-A TAMPA, FL 33614		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BOX 274024 TAMPA - FL 33688	
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	
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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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>PHILIP LINSKY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/24/05</u>		Daytime Phone # <u>913-417-3833</u>	