## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000098482

Entity Name: TAMPA REGIONAL HOSPITALIST GROUP, P.A.

FILED May 02, 2006 Secretary of State

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

P.O. BOX 274024 TAMPA, FL 336884024

Current Mailing Address: New Mailing Address:

PO BOX 274024 TAMPA, FL 336884024

FEI Number: 59-3749015 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:

LINSKY, PHILIP
8001 N DALE MABRY
601-A
TAMPA, FL 33614 US
LINSKY, PHILIP
7825 N DALEMABRY HWY
30
TAMPA, FL 33614 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: 05/02/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR\ ( ) Delete Title: DR (X) Change ( ) Addition

 Name:
 LINSKY, PHILIP
 Name:
 LINSKY, PHILIP

 Address:
 P.O. BOX 274024
 Address:
 P.O. BOX 274024

 City-St-Zip:
 TAMPA, FL 33688
 City-St-Zip:
 TAMPA, FL 33688

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: PHILIP T LINSKY DR 05/02/2006