

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098482

FILED
Aug 29, 2007
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 274024
TAMPA, FL 336884024

New Principal Place of Business:

12643 BASSBROOK LN
TAMPA, FL 33626

Current Mailing Address:

PO BOX 274024
TAMPA, FL 336884024

New Mailing Address:

FEI Number: 59-3749015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINSKY, PHILIP
7825 N DALEMABRY HWY
30
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

LINSKY, PHILIP
12643 BASSBROOK LN
TAMPA, FL 33626 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: _____

08/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: LINSKY, PHILIP
Address: P.O. BOX 274024
City-St-Zip: TAMPA, FL 33688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LINSKY, PHILIP
Address: 12643 BASSBROOK LN
City-St-Zip: TAMPA, FL 33626

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: PHILIP T LINSKY

DR.

08/29/2007

Electronic Signature of Signing Officer or Director

Date