2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P01000113631

Entity Name: ORLANDO HOSPITALISTS, P.A.

Current Principal Place of Business:

22 W. LAKE BEAUTY DR., STE. 308
ORLANDO, FL 32806

New Principal Place of Business:

7232 W SANDLAKE ROAD
101
ORLANDO, FL 32819 US

Current Mailing Address:

22 W. LAKE BEAUTY DR., STE. 308
ORLANDO, FL 32806

New Mailing Address:

1717 KNOTTING HILL DRIVE
ORLANDO, FL 32835 US

FEI Number: 59-3759125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUTTREJA, SANJAY P
22 W. LAKE BEAUTY DR., STE. 308
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

MUTTREJA, SANJAY P
1717 KNOTTINGHILL DRIVE
ORLANDO, FL 32835 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: SANJAY P MUTTREJA MD 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: MUTTREJA, SANJAY P
Address: 1717 KNOTTING HILL DR.
City-St-Zip: ORLANDO, FL 32835

Title: PD ( ) Delete
Name: SOOD, RAJEEV M.D.
Address: 3433 BURLINGTON DR.
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete
Name: AYADI, JAUVID
Address: 7232 SAND LAKE RD, STE 201
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SANJAY P MUTTREJA MD PTD 04/28/2004
Electronic Signature of Signing Officer or Director Date