

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113631

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ORLANDO HOSPITALISTS, P.A.

## Current Principal Place of Business:

7232 W SANDLAKE ROAD  
101  
ORLANDO, FL 32819 US

## New Principal Place of Business:

818 MAIN LANE  
ORLANDO, FL 32801 US

## Current Mailing Address:

1717 KNOTTING HILL DRIVE  
ORLANDO, FL 32835 US

## New Mailing Address:

7232 SANDLAKE ROAD  
SUITE # 201  
ORLANDO, FL 32801 US

FEI Number: 59-3759125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUTTREJA, SANJAY P  
1717 KNOTTINGHILL DRIVE  
ORLANDO, FL 32835 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: 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 (X) Delete  
Name: AYADI, JAUVID  
Address: 7232 SAND LAKE RD, STE 201  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

PTD

04/26/2005

Electronic Signature of Signing Officer or Director

Date