FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113631

1. Entity Name
ORLANDO HOSPITALISTS, P.A.

Principal Place of Business	Mailing Address
818 MAIN LANE ORLANDO, FL 32801 US	7232 SANDLAKE ROAD SUITE # 201 ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (01/05)

6. FEI Number
59-3759125

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

4. Name and Address of Current Registered Agent

MUTTREJA, SANJAY P
1717 KNOTTINGHILL DRIVE
ORLANDO, FL 32835

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000550412
05/13/06-80061-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MUTTREJA, SANJAY P MD
STREET ADDRESS	1717 KNOTTING HILL DR.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	PD
NAME	SOOD, RAJEEV M.D.
STREET ADDRESS	3433 BURLINGTON DR.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X S Muttreja X 04/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

04/26/2006 17:18 4072489675 VARUVA CPA PA PAGE 02