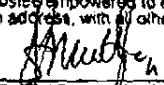


FILED
May 01, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000113631			
1. Entity Name ORLANDO HOSPITALISTS, P.A.			
Principal Place of Business 818 MAIN LANE ORLANDO, FL 32801 US		Mailing Address 7232 SANDLAKE ROAD SUITE # 201 ORLANDO, FL 32801 US	
DO NOT WRITE IN THIS SPACE			
		04122006 No Chg-P CR2E034 (1/05)	
		4. FEI Number 59-3759125	Applied For ☒ Not Applicable
		5. Certificate of Status Desired ☐	\$8.00 Additional Fee Required
6. Name and Address of Current Registered Agent MUTTREJA, SANJAY P 1717 KNOTTINGHILL DRIVE ORLANDO, FL 32835		DO NOT WRITE IN THIS SPACE	
8. 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 _____ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering)			
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
		U08080550412 05/13/06-80061-002 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MUTTREJA, SANJAY P MD 1717 KNOTTING HILL DR. ORLANDO, FL 32835		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SOOD, RAJEEV M.D 3433 BURLINGTON DR. 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			
DO NOT WRITE IN THIS SPACE			
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 a shareholder 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: <i>x</i> 		<i>x</i> 04/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daymonthyear	