FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90943 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113631

1. Entity Name
ORLANDO HOSPITALISTS, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
22 W LAKE BEAUTY DR	22 W. LAKE BEAUTY DR
Suite, Apt. #, etc. SUITE 308	Suite, Apt. #, etc. SUITE 308
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32806 / Country	Zip 32806 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3759125 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MUTTREJA, SANJAY P

Street Address (P.O. Box Number is Not Acceptable)
22 W. LAKE BEAUTY DR SUITE 308

City ORLANDO FL Zip Code 32806

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DPT	TITLE	
NAME	MUTTREJA, SANJAY P	NAME	
STREET ADDRESS	1717 KNOTTING HILL DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	
TITLE	DPS	TITLE	
NAME	SOOD, RAJEEV	NAME	
STREET ADDRESS	3433 BURLINGTON DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/09/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)