

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000035196

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIANS HOSPITALIST PARTNERS, INC.

**Current Principal Place of Business:**

6416 OLD WINTER GARDEN RD  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

6416 OLD WINTER GARDEN RD  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 27-0005955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDING, ROBERT L  
20 N EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

RAILEY HARDING & ALLEN, PA  
15 N EOLA DRIVE  
ORLANDO, FL 32801 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:** NORA H. MILLER, ESQ

04/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** VYAS, INDRAJIT C  
**Address:** 6416 OLD WINTER GARDEN ROAD  
**City-St-Zip:** ORLANDO, FL 32835

I hereby 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 all other like empowered.

**SIGNATURE:** INDRAJIT C. VYAS

PST

04/19/2010

Electronic Signature of Signing Officer or Director

Date