

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90087 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80123006

DOCUMENT # P02000035196					
1. Entity Name PHYSICIANS HOSPITALIST PARTNERS, INC.					
Principal Place of Business 1550 S LAKEMONT AVE WINTER PARK, FL 32789			Mailing Address 1550 S LAKEMONT AVE WINTER PARK, FL 32789		
2. Principal Place of Business 3333 S. CONWAY ROAD		3. Mailing Address 6320 OLD WINTER			
Suite, Apt. #, etc. ORLANDO FLORIDA		Suite, Apt. #, etc. GARDEN ROAD.			
City & State ORLANDO FLORIDA		City & State ORLANDO FLORIDA		4. FEI Number 27-0005985	
Zip 32802	Country ORANGE	Zip 32835	Country ORANGE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOON, WALTER R 200 N PRIMROSE DR ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT INDRATIT VYAS 8616 WHISPERING HILLS CT. DAL. 32835	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.					
SIGNATURE: Indratit Vyas President 5/14/03 (407) 293-2930					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment #

Family Physicians Group

6320 Old Winter Garden Road · Orlando · FL · 32835
V · 407.293.2930 F · 407.296.9193 BMM43107@aol.com

80123006
PO2000035196



Date: May 19, 2003

To whom it may concern,

I regret the delay in sending you this report. The report was in possession of my bookkeeper of 15 years. She is suffering from a terminal disease and we were not aware of it until recently. The fact that the report had not been filed came to sight when her daughter returned all the unfinished papers she was working on.

I understand that the deadline has passed, however I ask you to take into consideration my past history of report completion and timely payment. I will submit medical information on my bookkeeper if it is necessary.

I am enclosing a completed signed report along with a check of \$150.00. Please accept this report and not assess any late fees.

Thanking-you.

Sincerely,

Indrajit Vyas
Indrajit Vyas