## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000069519

Entity Name: HOSPITALIST PHYSICIANS, INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1040 SEMINOLE DR., SUITE 763 FT. LAUDERDALE, FL 33304 1010 SEMINOLE DR. SUITE 811

FT. LAUDERDALE, FL 33304

Current Mailing Address: New Mailing Address:

1040 SEMINOLE DR., SUITE 763 FT. LAUDERDALE, FL 33304 1010 SEMINOLE DR. SUITE 811

FT. LAUDERDALE, FL 33304

FEI Number: 04-3700304 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PRES (X) Change ( ) Addition

Name: GERST, STEVEN DR. Name: GERST, STEVEN DR.

Address: 1040 SEMINOLE DR., SUITE 763 Address: 1010 SEMINOLE DR., SUITE 811
City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: FT. LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN R. GERST PRES 01/16/2007