

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121074

FILED
Apr 22, 2004
Secretary of State

Entity Name: HOSPITALISTS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

800 PRUDENTIAL DR., STE. 713
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

800 PRUDENTIAL DR., STE. 713
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 04-3778570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: STROMBERG, RICHARD M.D.
Address: 820 PRUDENTIAL DRIVE, #713
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Change (X) Addition
Name: MURRAY, DAVID M.D.
Address: 820 PRUDENTIAL DRIVE, #713
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD STROMBERG, M.D.

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date