

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000121074

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** HOSPITALISTS OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

820 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

**OFFICERS AND DIRECTORS:**

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

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

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: RICHARD STROMBERG, MD

PD

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date