2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015969

Entity Name: PUNTA GORDA HOSPITALISTS, P.A.

FILED Aug 31, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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99 NESBIT STREET 99 NESBIT STREET

PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

C/O DAVID A. HOLMES 99 NESBIT STREET 99 NESBIT STREET PUNTA GORDA, FL 33950

PUNTA GORDA, FL 33950 US

FEI Number: 20-0647694 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:

HOLMES, DAVID A ESQ 99 NESBIT STREET

PUNTA GORDA, FL 33950 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

PEREZ, RICARDO A MD PEREZ, RICARDO A MD Name: Name:

200 SOURSOP 200 SOURSOP Address: Address:

City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PUNTA GORDA, FL 33955 US

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

PEREZ, RICARDO A MD PEREZ, RICARDO A MD Name: Name: Address:

200 SOURSOP 200 SOURSOP Address:

PUNTA GORDA, FL 33955 PUNTA GORDA, FL 33955 US City-St-Zip: City-St-Zip:

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

PEREZ, JESSICA Name: PEREZ, JESSICA Name:

200 SOURSOP 200 SOURSOP Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PUNTA GORDA, FL 33955 US

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.

Ρ SIGNATURE: RICARDO A. PEREZ 08/31/2006