

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90073 025 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000024765

1. Entity Name
ADVANCED HOSPITALIST SERVICE, INC.



Principal Place of Business
P O BOX 730426
ORMOND BEACH, FL 32174

Mailing Address
P O BOX 730426
ORMOND BEACH, FL 32173-0426 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0677485 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AL-KAYYAL, MOHAMED M
875 STERTHAUS AVENUE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name
MAZHAR KAYYAL
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

Signature, typed or printed name of registered agent and address if applicable

(NOTE: Registered Agent signature required when warranted)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME AL-KAYYAL, MOHAMED M
STREET ADDRESS P O BOX 730426
CITY-STATE-ZIP ORMOND BEACH, FL 321730426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME MAZHAR KAYYAL
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not conflict with the information stated in Section 119.07(3)(ii), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #