

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90020 012 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-P

CR2E034 (12/06)

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

**KAYYAL, MAZHAR
875 STERTHAUS AVENUE
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name **MARISEL ALEMAN**

Street Address (P.O. Box Number is Not Acceptable)
270 N. US HWY 1

City **Ormond Beach**

FL

Zip Code **32174**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **KAYYAL, MAZHAR**
STREET ADDRESS **P O BOX 730426**
CITY-ST-ZIP **ORMOND BEACH, FL 321730426**

TITLE **TD** ☐ Delete
NAME **KAYYAL, PENELOPE**
STREET ADDRESS **P O BOX 730426**
CITY-ST-ZIP **ORMOND BEACH, FL 321730426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08