

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90066 024 ***150.00

DOCUMENT # P04000066013 1. Entity Name ADVANCED HOSPITALISTS GROUP, P.A.			
Principal Place of Business 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601		Mailing Address 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	
2. Principal Place of Business 15260 NW 147 Drive Suite A Alachua, FL 32615		3. Mailing Address 15260 NW 147 Drive Suite A Alachua, FL 32615	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Alachua, FL		City & State Alachua, FL	
Zip 32615		Zip 32615	
Country Alachua		Country Alachua	
4. FEI Number 56-2460301		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent W&P SERVICES, INC. 1936 LEE RD STE 101 WINTER PK, FL 32789		7. Name and Address of New Registered Agent Name: James McCauley Street Address (P.O. Box Number is Not Acceptable): 15260 NW 147 Drive St A City: Alachua FL Zip Code: 32615	
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:  DATE: 4/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIZ, HAMID R 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAULEY, JAMES 1026 SW 2ND AVE STE A GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		Date: 4/30/06 Daytime Phone #	