

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130141

Entity Name: CEDARS HOSPITALISTS, INC.

FILED  
Jan 04, 2005  
Secretary of State

## Current Principal Place of Business:

1551 SAWGRASS CORPORATE PARKWAY SUITE 110  
SUNRISE, FL 33323

## New Principal Place of Business:

1551 SAWGRASS CORPORATE PARKWAY  
SUITE 110  
SUNRISE, FL 33323

## Current Mailing Address:

1551 SAWGRASS CORPORATE PARKWAY SUITE 110  
SUNRISE, FL 33323

## New Mailing Address:

1551 SAWGRASS CORPORATE PARKWAY  
SUITE 110  
SUNRISE, FL 33323

FEI Number: 20-1631006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, BRENT D  
2 ALHAMBRA PLAZA PENTHOUSE IIB  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZAFFOS, STEVEN  
Address: 1551 SAWGRASS CORPORATE PARKWAY SUITE 110  
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete  
Name: ARMAS, JOSE  
Address: 1551 SAWGRASS CORPORATE PARKWAY SUITE 110  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: STEVEN ZAFFOS

D

01/04/2005

Electronic Signature of Signing Officer or Director

Date