2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153449

1. Entity Name
STERLING HOSPITALISTS OF FLORIDA, P.A.

FILED
08 JUL 31 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07092008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1000 PARK FORTY PLAZA 500 DURHAM, NC 27713	1000 PARK FORTY PLAZA 500 DURHAM, NC 27713

2. Principal Place of Business - No P.O. Box #		3. Mailing Address ATTN. LEGAL	
6400 Atlantic Blvd		6400 Atlantic Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32211	Country: Duval	Zip: 32211	Country: Duval

4. FEI Number: 20-1854602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	P CLARK, ROLAND MD 1000 PARK FORTY PLAZA, STE 500 DURHAM, NC 27713	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer Michael Pinell, MD 6400 Atlantic Blvd / Jacksonville FL 32211	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO DOUTHITT, JAMES M 1000 PARK FORTY PLAZA SUITE 500 DURHAM, NC 27713	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joel P. McMains 6400 Atlantic Blvd / Jacksonville FL 32211	☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900133965869 08/05/08--01004--025 **550.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/11	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Joel P. McMains, Secretary 904-805-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #