

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153449

FILED
Apr 14, 2011
Secretary of State

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

Current Principal Place of Business:

6400 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6400 ATLANTIC BLVD., LEGAL DEPT.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-1854602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTSD
Name: PINELL, MICHAEL MD
Address: 6400 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: CEO
Name: SCHILLINGER, DAVID MD
Address: 300 S. PARK ROAD, SUITE 400
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: DAVID SCHILLINGER, MD

CEO

04/14/2011

Electronic Signature of Signing Officer or Director

Date