

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153449

**FILED**  
**Apr 06, 2012**  
**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:**

1300 RIVERPLACE BLVD  
SUITE 300  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

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

**New Mailing Address:**

1300 RIVERPLACE BLVD, STE 300  
ATTN: LEGAL DEPARTMENT  
JACKSONVILLE, FL 32207

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: 1300 RIVERPLACE BLVD, STE 300  
City-St-Zip: JACKSONVILLE, FL 32207

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

04/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date