

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046670

FILED
Apr 26, 2011
Secretary of State

Entity Name: OCALA HOSPITALIST GROUP, P.A.

Current Principal Place of Business:

1500 SW 1ST AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

910 SW 1ST AVENUE
201
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 51-0539324 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KHANNA, ANISH
695 SE 47TH LOOP
OCALA, FL 34480 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: D
Name: KHANNA, ANISH
Address: 695 SE 47TH LOOP
City-St-Zip: OCALA, FL 34480

Title: VP
Name: BROWN, DARIN
Address: 1220 SE 14TH TERR
City-St-Zip: OCALA, FL 34471

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: ANISH KHANNA

D

04/26/2011

Electronic Signature of Signing Officer or Director

Date