2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P05000060326

Entity Name: HOSPITALIST GROUP OF SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

708 DEL PRADO BLVD - STE 9
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

708 DEL PRADO BLVD - STE 9
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 20-2779550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHEW, ANTHONY MD
708 DEL PRADO BLVD - STE 9
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

MATHEW, ANTONY MD
708 DEL PRADO BLVD - STE 9
CAPE CORAL, FL 33990 US

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: ANTONY MATHEW 04/10/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MATHEW, ANTHONY MD
Address: 708 DEL PRADO BLVD - STE 9
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: KEYS, TIMOTHY C
Address: 708 DEL PRADO BLVD - STE 9
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: DALEY, JOSEPH C III MD
Address: 708 DEL PRADO BLVD - STE 9
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MATHEW, ANTONY MD
Address: 708 DEL PRADO BLVD - STE 9
City-St-Zip: CAPE CORAL, FL 33990

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 Chapter 119, 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: ANTONY MATHEW PRES 04/10/2006
Electronic Signature of Signing Officer or Director Date