

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060326

FILED  
Feb 01, 2008  
Secretary of State

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: MATHEW, ANTONY 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

DR.

02/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date