

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90112 025 ***150.00

DOCUMENT # P06000122728

1. Entity Name
FLORIDA INSTITUTE OF HOSPITALISTS INC.



Principal Place of Business
6000 W ATLANTIC BLVD
MARGATE, FL 33063

Mailing Address
6000 W ATLANTIC BLVD
MARGATE, FL 33063



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302007

Chg-P

CR2E034 (12/06)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAJAGOPALAN, KUMAR
6000 W ATLANTIC BLVD
MARGATE, FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>TITLE: P <input type="checkbox"/> Delete</p> <p>NAME: SULTAN, SULTAN A</p> <p>STREET ADDRESS: 6000 W ATLANTIC BLVD</p> <p>CITY-STATE-ZIP: MARGATE, FL 33063</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: V <input type="checkbox"/> Delete</p> <p>NAME: RAJAGOPALAN, KUMAR</p> <p>STREET ADDRESS: 6000 W ATLANTIC BLVD</p> <p>CITY-STATE-ZIP: MARGATE, FL 33063</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. A. Sultan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

Date

Daytime Phone #