

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000109495

Entity Name: LEHIGH HOSPITALISTS, INC.

FILED
Feb 21, 2011
Secretary of State

Current Principal Place of Business:

16525 WHISPERING TRACE CT
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

16525 WHISPERING TRACE CT
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 26-3899501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABHA, KHALID
16525 WHISPERING TRACE CT
FORT MYERS, FL 33908 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: PD
Name: CHATSKIY, DIMITRIY
Address: 20025 LAKE VISTA CIRCLE #3
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VTD
Name: SABHA, KHALID
Address: 16525 WHISPERING TRACE CT
City-St-Zip: FORT MYERS, FL 33908 US

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: DIMITRIY CHATSKIY

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date