2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

DOCUMENT# P09000030147

Entity Name: LTC HOSPITALISTS, INC.

Current Principal Place of Business:

14050 NW 14TH STREET
SUITE 190
FORT LAUDERDALE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1900 WINSTON ROAD, SUITE 300
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919

New Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919

FEI Number: 26-4611017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P
Name: HOLTZCLAW, STEPHEN J
Address: 14050 NW 14TH STREET, SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VP
Name: ROGERS, OLIVER
Address: 14050 NW 14TH STREET, SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VP
Name: VARVOUTIS, ERNEST
Address: 14050 NW 14TH STREET, SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: AS
Name: STAIR, JOHN R
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: AT
Name: BELMAR, CAROLE
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: D
Name: MASSINGALE, H. LYNN M.D.
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

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: JOHN R. STAIR AS 04/21/2010

Electronic Signature of Signing Officer or Director Date