

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000054634

FILED
May 05, 2010
Secretary of State

Entity Name: HOSPITALIST CONSULTANTS, INC.

Current Principal Place of Business:

4075 COPPER RIDGE DRIVE
TRAVERSE CITY, MI 49684

New Principal Place of Business:

Current Mailing Address:

4075 COPPER RIDGE DRIVE
TRAVERSE CITY, MI 49684

New Mailing Address:

FEI Number: 27-0457996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP
Name: KING, DERIK K MD
Address: 4075 COPPER RIDGE DRIVE
City-St-Zip: TRAVERSE CITY, MI 49684

Title: CD
Name: WILLIAMS, ROBERT M MD
Address: 4075 COPPER RIDGE DRIVE
City-St-Zip: TRAVERSE CITY, MI 49684

Title: OTD
Name: HOWELL, RANDY N
Address: 4075 COPPER RIDGE DRIVE
City-St-Zip: TRAVERSE CITY, MI 49684

Title: DS
Name: JOHNSON, JAMES M
Address: 4075 COPPER RIDGE DRIVE
City-St-Zip: TRAVERSE CITY, MI 49684

Title: D
Name: BUMHEIMER, MARK A ESQ
Address: 4400 W FRONT ST
City-St-Zip: TRAVERSE CITY, MI 49684

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: DERIK K. KING, M.D.

PRES

05/05/2010

Electronic Signature of Signing Officer or Director

Date