

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000054634

FILED
Apr 19, 2012
Secretary of State

Entity Name: HOSPITALIST CONSULTANTS, INC.

Current Principal Place of Business:

4350 FOWLER STREET
SUITE 21
FORT MYERS, FL 33901

New Principal Place of Business:

4350 FOWLER ST.
SUITE 15
FORT MYERS, FL 33901

Current Mailing Address:

4350 FOWLER STREET
SUITE 21
FORT MYERS, FL 33901

New Mailing Address:

4350 FOWLER ST.
SUITE 15
FORT MYERS, FL 33901

FEI Number: 27-0457996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: BURNHEIMER, MARK A
Address: 4110 COPPER RIDGE DRIVE, SUITE 204
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: MARK A. BURNHEIMER

D

04/19/2012

Electronic Signature of Signing Officer or Director

Date