2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

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Entity Name: PREMIER HOSPITALISTS ALLIANCE, P.A.

Current Principal Place of Business:

3135 CITRUS TOWER BLVD SUITE A
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

3135 CITRUS TOWER BLVD SUITE A
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 27-0897738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHICK, DAVID L ESQ
301 E PINE STREET SUITE 1400
ORLANDO, FL 32801 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: PRES
Name: ZAVALETA, ERNESTO G
Address: 3135 CITRUS TOWER BLVD SUITE A
City-St-Zip: CLERMONT, FL 34711

Title: VP
Name: AYADI, JAUVID
Address: 3135 CITRUS TOWER BLVD SUITE A
City-St-Zip: CLERMONT, FL 34711

Title: TRE
Name: KALAN, PRAKASH
Address: 3135 CITRUS TOWER BLVD SUITE A
City-St-Zip: CLERMONT, FL 34711

Title: SEC
Name: GOYAL, ANAY
Address: 3135 CITRUS TOWER BLVD SUITE A
City-St-Zip: CLERMONT, FL 34711

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: ZAVALETA, ERNESTO PRES 05/01/2012

Electronic Signature of Signing Officer or Director Date