2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# P98000041442

Entity Name: JACOBSON SOUTH FLORIDA HOSPITALISTS, INC.

Current Principal Place of Business:

1551 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 266211
WESTON, FL 333266211

New Mailing Address:

FEI Number: 74-2879810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, BRENT D
701 BRICKELL AVENUE
SUITE 1900
MIAMI, FL 33131 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: PD ( ) Delete
Name: ZAFFOS, STEVEN
Address: 1551 SAWGRASS CORPORATE PKWY #110
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ZAFFOS, STEVEN
Address: PO BOX 266211
City-St-Zip: WESTON, FL 333266211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN ZAFFOS PD 02/13/2007

Electronic Signature of Signing Officer or Director — Date