

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000055813

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** HOSPITAL SPECIALISTS, P.A.

**Current Principal Place of Business:**

BAPTIST HOSPITALS  
800 PRUDENTIAL DRIVE (MEDICAL STAFF OFFICE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4466 SWILCAN BRIDGE LANE NORTH  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 59-3520851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NASRULLAH, GHAFOR DR  
4466 SWILCAN BRIDGE LANE NORTH  
JACKSONVILLE, FL 32224 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: PD  
Name: GHAFOR, NASRULLAH DR  
Address: 4466 SWILCAN BRIDGE LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32224

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: TIFFANY D. MOUSA

MRS.

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date