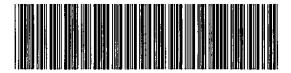
P98000096360

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(Address)			
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	CCT: U.S. Hospitalists, Inc. (Name of Corporation)		
	(,		
DOCU	MENT NUMBER: P98000096360		
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Mohan K [·] Pillai		
	(Name of Contact Person)		
	Palm Beach Primary Care Associates, Inc		
(Firm/Company)			
13005 Southern Blvd, Suite 134			
(Address)			
Loxahatchee, FL 33470 US			
	(City/State and Zip Code)		
For fur	ther information concerning this matter, please call:		
Mohar	at (561) 795-9087 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 20, 2007

MOHAN K. PILLAI PALM BEACH PRIMARY CARE ASSOCIATES, INC. 13005 SOUTHERN BLVD., SUITE 134 LOXAHATCHEE, FL 33470

SUBJECT: U.S. HOSPITALISTS, INC.

Ref. Number: P98000096360

We have received your document for U.S. HOSPITALISTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 007A00040948

(860) 010-3503

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH • FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or in order to change its registered office or registered.	
1. The name of the corporation: U.S. Hospitalists, Inc.	>
2. The principal office address: 4897 Jog Road Lake Worth FL 33467	
3. The mailing address (if different): P.O. Box 1602 Loxahatchee, FL 33470 US	
4. Date of incorporation/qualification: 11/16/1998	Document number: P98000096360
5. The name and street address of the current registere Florida Department of State:	ed agent and registered office on file with the
Ranjita S Sharma	
4897 Jog Road	· · · · · · · · · · · · · · · · · · ·
Lake Worth FL 33467 US	7 ST
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office
Dr. Shekhar V Sharma, MD	FOR PR
13005 Southern Blvd, Suite	134
Loxahatchee, FL 33470 US	iante)
•	reet address of the business office of its registered agent,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.
(Signature of an officer or director)	Dr. Shekhar V Sharma, MD (Printed or typed name and title)
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change in corporation has been notified in writing of this char	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address. I hereby confirm that the
Kann	6/25/2007
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
U.S. Hospitalists, Inc. (Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *