

P98000096360

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** U.S. Hospitalists, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000096360

The enclosed 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 further information concerning this matter, please call:

Mohan K Pillai at ( 561 ) 795-9087  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed 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

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DIVISION OF CORPORATIONS

(850) 245-6905

IF YOU HAVE ANY QUESTIONS CONCERNING THE FILING OF YOUR DOCUMENT, PLEASE CALL (850) 245-6905.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

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 registered agent and registered office on file with the Florida Department of State:

Ranjita S Sharma

4897 Jog Road

Lake Worth FL 33467 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dr. Shekhar V Sharma, MD

13005 Southern Blvd, Suite 134

(P.O. Box NOT acceptable)

Loxahatchee, FL 33470 US

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ranjita Sharma  
(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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Ram  
(Signature of Registered Agent)

6/25/2007

(Date)

If signing on behalf of an entity:

U.S. Hospitalists, Inc.

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)