2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2010
Secretary of State

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Entity Name: JACKSONVILLE HOSPITALISTS, P.A.

Current Principal Place of Business:

JACKSONVILLE HOSPITALISTS, P.A.
3115 SPRING GLEN RD., STE 505
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

JACKSONVILLE HOSPITALISTS, P.A.
3115 SPRING GLEN RD., STE 505
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3577370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRISMOND, KEVIN D.O.
3115 SPRING GLEN RD.,
STE 505
JACKSONVILLE, FL 32207 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: PRES
Name: DERKUM, SCOTT A M.D.
Address: 3115 SPRING GLEN RTD., STE 505
City-St-Zip: JACKSONVILLE, FL 32207

Title: V.P.
Name: CRISMOND, KEVIN M.D.
Address: 3115 SPRING GLEN RTD., STE 505
City-St-Zip: JACKSONVILLE, FL 32207

Title: ST
Name: BLATT, MARC D
Address: 3115 SPRING GLEN RTD, STE 505
City-St-Zip: JACKSONVILLE, FL 32207

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: SCOTT DERKUM PRES 03/22/2010

Electronic Signature of Signing Officer or Director — Date