

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2011
Secretary of State

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:

JACKSONVILLE HOSPITALISTS, P.A.
13500 SUTTON PARK DRIVE SOUTH, SUITE 601
JACKSONVILLE, FL 32224

Current Mailing Address:

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

New Mailing Address:

JACKSONVILLE HOSPITALISTS, P.A.
13500 SUTTON PARK DRIVE SOUTH, SUITE 601
JACKSONVILLE, FL 32224

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:

CRISMOND, KEVIN D.O.
13500 SUTTON PARK DRIVE SOUTH,
SUITE 601
JACKSONVILLE, FL 32224 US

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:

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BLATT, MARC A D.O.
Address: 13500 SUTTON PARK DRIVE SOUTH, SUITE 601
City-St-Zip: JACKSONVILLE, FL 32224

Title: V.P.
Name: CRISMOND, KEVIN M.D.
Address: 13500 SUTTON PARK DRIVE SOUTH, SUITE 601
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: MARC BLATT

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date