

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066760

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: FLORIDA HOSPITALISTS GROUP, INC.

## Current Principal Place of Business:

5248 RED CEDAR DR  
UNIT 102  
FORT MYERS, FL 33907

## Current Mailing Address:

5248 RED CEDAR DR  
UNIT 102  
FORT MYERS, FL 33907

## New Principal Place of Business:

5248 RED CEDAR DR  
UNIT 102  
FORT MYERS, FL 33907 US

## New Mailing Address:

5248 RED CEDAR DR  
UNIT 102  
FORT MYERS, FL 33907 US

FEI Number: 65-0936877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBS, ALLEN T M.D.  
1504 SW 57 TERR  
CAPE CORAL, FL 33914 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: VP ( ) Delete  
Name: JACOBS, ALLEN T M.D.  
Address: 1504 SW 57 TERR  
City-St-Zip: CAPE CORAL, FL 33907

Title: P (X) Delete  
Name: KOLE, MARILYN M.D.  
Address: 13777 PINE VILLA LNE  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: JACOBS, ALLEN T M.D.  
Address: 1504 SW 57 TERR  
City-St-Zip: CAPE CORAL, FL 33907 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALLEN T. JACOBS, M.D.

PST

03/30/2005

Electronic Signature of Signing Officer or Director

Date