

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000066760 1. Entity Name FLORIDA HOSPITALISTS GROUP, INC.	
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Principal Place of Business 5248 RED CEDAR DR UNIT 102 FORT MYERS, FL 33907 US	Mailing Address 5248 RED CEDAR DR UNIT 102 FORT MYERS, FL 33907 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACOBS, ALLEN T M.D.
1504 SW 57 TERR
CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000421151 12/16/06-80024-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST JACOBS, ALLEN T M.D. 1504 SW 57 TERR CAPE CORAL, FL 33907
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2/2/06 235 98671