

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000062535

**Entity Name:** MIAMI BEACH HOSPITALIST, INC.

**Current Principal Place of Business:**

5870 NORTH HIATUS ROAD, SUITE 200  
TAMARAC, FL 33321

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE 400  
ATTN: LEGAL DEPT.  
KNOXVILLE, TN 37919 US

**FEI Number:** 65-1120810

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name UPPAL, ROHIT MD  
Address 5870 NORTH HIATUS ROAD, SUITE 200  
City-State-Zip: TAMARAC FL 33321

Title AS  
Name STAIR, JOHN  
Address 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title AT  
Name BARRACK, JOHN  
Address 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title VP  
Name ROSENBERG, DEBBIE  
Address 5870 NORTH HIATUS ROAD, SUITE 200  
City-State-Zip: TAMARAC FL 33321

*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:** JOHN R. STAIR

**ASSISTANT SECRETARY** 04/09/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date