

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000069092

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

**Current Principal Place of Business:**

1643 NW 136TH AVE  
BUILDING H, SUITE 100  
SUNRISE, FL 33323

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE400  
ATTN: LEGAL DEPT.  
KNOXVILLE, TN 37919 US

**FEI Number:** 20-4895465

**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           DIRECTOR/PRESIDENT  
Name           UPPAL, ROHIT MD  
Address        1643 NW 136TH AVE  
                  BUILDING H, SUITE 100  
City-State-Zip: SUNRISE FL 33323  
  
Title           AT  
Name           BARRACK, JOHN  
Address        265 BROOKVIEW CENTRE WAY,  
                  SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title           AS  
Name           STAIR, JOHN  
Address        265 BROOKVIEW CENTRE WAY,  
                  SUITE 400  
City-State-Zip: KNOXVILLE TN 37919  
  
Title           VICE PRESIDENT/TREASURER  
Name           ROSENBERG, DEBBIE  
Address        1643 NW 136TH AVE  
                  BUILDING H, SUITE 100  
City-State-Zip: SUNRISE FL 33323

*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   04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date