

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000028705

**Entity Name:** BLUE LAGOON HOSPITALISTS, INC.

**Current Principal Place of Business:**

14050 NW 14TH STREET  
SUITE 190  
FORT LAUDERDALE, FL 33323

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE 400  
SUITE 300 ATTN: LEGAL DEPT.  
KNOXVILLE, TN 37919

**FEI Number:** 26-4611094

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 HOLTZCLAW, STEPHEN JM.D.  
Address 14050 NW 14TH ST., SUITE 190  
City-State-Zip: FORT LAUDERDALE FL 33323

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

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

*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** 04/17/2013

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

\_\_\_\_\_ Date