

2014 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 STAIR

ASSISTANT SECRETARY 04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date