

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000030147

Entity Name: LTC HOSPITALISTS, 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:** 26-4611017**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	DIRECTOR/PRESIDENT
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	CORVINI, MICHAEL MD
Address	5870 NORTH HIATUS ROAD, SUITE 200
City-State-Zip:	TAMARAC FL 33321

Title	VP
Name	LEWIS, JOHN MD
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