

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041005

Entity Name: TREASURE COAST HOSPITALIST, P.L.

Current Principal Place of Business:

6692 SW SILVER WOLF DRIVE
PALM CITY, FL 34990

Current Mailing Address:

6692 SW SILVER WOLF DRIVE
PALM CITY, FL 34990 US

FEI Number: 26-3178257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEHACHI, YOUNES M.D.
6692 SW SILVER WOLF DRIVE
PALM CITY, FL 34990 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

Authorized Person(s) Detail :

Title MGRM
Name LEHACHI, YOUNES M.D.
Address 6692 SW SILVER WOLF DRIVE
City-State-Zip: PALM CITY FL 34990

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEHACHI,YOUNES

PRESIDENT

01/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date