

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134373

**Entity Name:** UNITED HOSPITALISTS LLC

**Current Principal Place of Business:**

3347 STATE ROAD 7  
STE 200  
WELLINGTON, FL 33449

**Current Mailing Address:**

3347 STATE ROAD 7  
STE 200  
WELLINGTON, FL 33449 US

**FEI Number:** 45-3928874

**Certificate of Status Desired:** No

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

SHARMA, SHEKHAR VMD  
1631 FLAGLER PARKWAY  
WEST PALM BEACH, FL 33411 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 SHARMA, SHEKHAR VMD  
Address 3347 STATE ROAD 7 STE 200  
City-State-Zip: WELLINGTON FL 33449

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEKHAR V SHARMA

MGRM

04/16/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date