

2016 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 V
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: SHEKHAR V SHARMA

04/29/2016

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

SIGNATURE: SHEKHAR V SHARMA MD

CORP PRES

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date