

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000151649

Entity Name: SOUTHERN HOSPITALIST PLLC

Current Principal Place of Business:

3 RIDGELAND CT.
STUART, FL 34996

Current Mailing Address:

3 RIDGELAND CT.
STUART, FL 34996

FEI Number: 46-1506372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, RIMAL
3 RIDGELAND CT.
STUART, FL 34996 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 PATEL, RIMAL
Address 3 RIDGELAND CT.
City-State-Zip: STUART FL 34996

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: RIMAL PATEL

MANAGER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date