

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000028269

Entity Name: STUART HOSPITALIST LLC

Current Principal Place of Business:

1001 SE OCEAN BLVD
103 C
STUART, FL 34996

Current Mailing Address:

P.O. BOX 592
JUPITER, FL 33458

FEI Number: 83-3428517

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FADEL, AHMAD
1001 SE OCEAN BLVD SUITE
103 C
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 MGR
Name FADEL, AHMAD
Address 1001 SE OCEAN BLVD SUITE 103C
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: AHMAD FADEL

PRESIDENT

01/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date