No. <b>W 120551</b>		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:	1A	Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing Add	1. Mailing Address: Correct in this box if needed.  HOSPITALISTS OF CALIFORNIA, LLC SUZANNE BUTT 4605 LANKERSHIM BLVD STE 617 NORTH HOLLYWOOD CA 91602		921 S ORCHARD ST STE G BOISE 83705  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SUZANNE BUTT						
	NORTH HOLLYWO						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresses o	f at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ADAM SINGER, MD		4605 LANKERSHIM BLVD STE 617	NORTH HOLLYWOOD	CA	USA	91602	
5. Organized Under the Laws of:	6. Annual Report m	uct ha cianad *					
CA		Signature: Adam Singer, MD		Date: 02/17/2015			
W 120551	Name (type or pr	Name (type or print): Adam Singer, MD			Title: Member		
Processed 02/17/2015	* Electronically provided signatures are accepted as original signatures.						