



Form Revision Date 07/2016

## APPLICATION TO RENEW REGISTRATION OF A LIMITED LIABILITY PARTNERSHIP

For use by DOMESTIC LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership

1. The name of the partnership is:

ILLINOIS HOSPITALISTS, LLP

2. The identification number assigned by the Bureau is:

801074175

ALL LIMITED LIABILITY PARTNERSHIP TYPES

Principal Office Address:

Street Address:

4075 COPPER RIDGE DR

Apt/Suite/Other:

City:

TRAVERSE CITY

State:

MI

Zip Code: 49684

Country:

United States



This document must be signed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners:

Signed this 13th Day of November, 2020 by:

Signature	Title	Title if "Other" was selected
CHRISTOPHER LIPSMEYER, MD	Partner	

By selecting ACCEPT, you hereby acknowledge that this electronic document is submitted in compliance with M.G.L. Chapter 156D, Section 2.02, 950 CMR 113.16 and that the information is true...

Decline

Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** APPLICATION TO RENEW REGISTRATION OF A LIMITED LIABILITY PARTNERSHIP  
***for***

ILLINOIS HOSPITALISTS, LLP

***ID Number:*** 801074175

***received by electronic transmission on*** November 13, 2020 ***, is hereby endorsed.***

***Filed on*** November 13, 2020, ***by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***

Expiration Date: January 22, 2022



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of November, 2020.***

*Linda Clegg*

***Linda Clegg, Interim Director***

***Corporations, Securities & Commercial Licensing Bureau***