

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018921

FILED
Apr 03, 2009
Secretary of State

Entity Name: MIDLAND FLORIDA INFECTIOUS DISEASES SPECIALISTS, P.L.

Current Principal Place of Business:

955 TOWN CENTER DRIVE, SUITE 100
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

955 TOWN CENTER DRIVE, SUITE 100
ORANGE CITY, FL 32763 US

New Mailing Address:

P.O. BOX 471027
LAKE MONROE, FL 32747 US

FEI Number: 26-2034917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OGUCHI, ADAOBI
1659 ASTOR FARMS PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OGUCHI, GODSON I
Address: 955 TOWN CENTER DRIVE, SUITE 100
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM () Delete
Name: OGUCHI, ADAOBI
Address: 1659 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ADAOBI OGUCHI

MGRM

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date