

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018921

**FILED**  
**Feb 04, 2010**  
**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:**

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

**New Mailing Address:**

**FEI Number:** 26-2034917      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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  
**Name:** OGUCHI, GODSON I  
**Address:** 955 TOWN CENTER DRIVE, SUITE 100  
**City-St-Zip:** ORANGE CITY, FL 32763 US

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

I hereby 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: GODSON OGUCHI      MGRM      02/04/2010

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