

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018921

**FILED**  
**Jan 30, 2012**  
**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

Title: MGRM  
Name: OGUCHI, GODSON I  
Address: 955 TOWN CENTER DR.  
City-St-Zip: ORANGE CITY, FL 32763 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 I OGUCHI

MGRM

01/30/2012

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