

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018921

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 26-2034917

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name OGUCHI, GODSON I  
Address 955 TOWN CENTER DRIVE, SUITE 100  
City-State-Zip: ORANGE CITY FL 32763

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

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GODSON OGUCHI

MANAGER

03/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date