

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733780

FILED
Apr 18, 2007
Secretary of State

Entity Name: FLORIDA PROFESSIONALS IN INFECTION CONTROL, INC.

Current Principal Place of Business:

LAWNWOOD REG MED CENTER & HEART INSTITUTE
1700 S 23RD STREET
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

5601 NW SCEPTER DR.
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 59-2079842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPICER, DIANE L
5601 NW SCEPTER DR.
PORT ST. LUCIE, FL 34983 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOELSCHER-LEVINE, KATHY
Address: 1302 ESSEX DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: PD E () Delete
Name: LANG, CINDY
Address: 15355 78TH DRIVE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: T () Delete
Name: SPICER, DIANE L
Address: 5601 NW SCEPTER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: SEC () Delete
Name: PHILLIPS, PAM
Address: 2926 BLACK CREEK DRIVE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP () Delete
Name: MILLER, DARLENE
Address: 25040 SW 127TH PLACE
City-St-Zip: MIAMI, FL 33032 US

Title: PP (X) Delete
Name: STALCUP, JEANETTA
Address: 11534 AUDUBOND LANE
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANG, CINDY
Address: 15355 78TH DRIVE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: PD E (X) Change () Addition
Name: MILLER, DARLENE
Address: 25040 SW 127TH PLACE
City-St-Zip: MIAMI, FL 33032 US

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

Title: SEC (X) Change () Addition
Name: FAUERBACH, LORETTA LITZ
Address: 2416 NW 32ND ST
City-St-Zip: GAINESVILLE, FL 32605 US

Title: PP (X) Change () Addition
Name: HOELSCHER-LEVINE, KATHY
Address: 1302 ESSEX DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SPICER

TRE

04/18/2007

Electronic Signature of Signing Officer or Director

Date