

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733780

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** FLORIDA PROFESSIONALS IN INFECTION CONTROL, INC.

**Current Principal Place of Business:**

NORTH FLORIDA REGIONAL MEDICAL CENTER  
6500 NEWBERRY ROAD  
GAINESVILLE, FL 32614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4024 NW 29TH TERRACE  
GAINESVILLE, FL 32605 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:**

NETARDUS, LAURA S  
4024 NW 29TH TERRACE  
GAINESVILLE, FL 32605 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: MILLER, DARLENE  
Address: 25040 SW 127TH PLACE  
City-St-Zip: MIAMI, FL 33032 US

Title: PD E ( ) Delete  
Name: ARNOLD, CLAIRE  
Address: 2815 S. SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: T ( ) Delete  
Name: NETARDUS, LAURA S  
Address: 4024 NW 29TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: ARNOLD, CLAIRE  
Address: 2815 S. SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435 US

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

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

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 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: LAURA S. NETARDUS

T

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date