2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# 733780

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: P
Name: BARNETT, JOANNE
Address: 392 HAMPTON HILLS CT
City-St-Zip: DEBARY, FL 32713 US

Title: PP
Name: FAUERBACH, LORETTA L
Address: 2416 NW 32ND STREET
City-St-Zip: GAINESVILLE, FL 32605 US

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

Title: P-E
Name: HALL, VICTORIA
Address: 48 FAIRGREEN AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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 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 all other like empowered.

SIGNATURE: LAURA S. NETARDUS T 04/18/2011
Electronic Signature of Signing Officer or Director Date