## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 733780** 

Apr 25, 2012 Secretary of State

Entity Name: FLORIDA PROFESSIONALS IN INFECTION CONTROL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

NORTH FLORIDA REGIONAL MEDICAL CENTER

6500 NEWBERRY ROAD

**Current Mailing Address:** 

GAINESVILLE, FL 32614

**New Mailing Address:** 

APOPKA, FL 32703

1334 ALSTON BAY BLVD

US

4024 NW 29TH TERRACE 1334 ALSTON BAY BLVD APOPKA, FL 32703 GAINESVILLE, FL 32605 US

FEI Number: 59-2079842 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NETARDUS, LAURA S APPLETON, EMILY J 4024 NW 29TH TERRACE 1334 ALSTON BAY BLVD GAINESVILLE, FL 32605 US APOPKA, FL 32703

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: EMILY J. APPLETON 04/25/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

HALL, VICTORIA Name: Address: 48 FAIRGREEN AVE

City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title:

Name: BARNETT, JOANNE Address: 392 HAMPTON HILLS CT City-St-Zip: DEBARY, FL 327013 US

Title:

APPLETON, EMILY J Name: Address: 1334 ALSTON BAY BLVD City-St-Zip: APOPKA, FL 32703 US

Title: P-E

Name: STALCUP, JEANETTA 11534 AUDUBOND LANE Address: City-St-Zip: CLERMONT, FL 34711 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: EMILY J APPLETON T 04/25/2012