

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000020951

FILED
Oct 04, 2005
Secretary of State

Entity Name: INFECTIOUS DISEASE CONSULTING, LLC

Current Principal Place of Business:

202 PARKVIEW PLACE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91177
LAKELAND, FL 338041177

New Mailing Address:

FEI Number: 58-2665919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAFFOE-BONNIE, HENRY
202 PARKVIEW PLACE
LAKELAND, FL 33805 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: HENRY BAFFOE-BONNIE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAFFOE-BONNIE, HENRY
Address: 202 PARKVIEW PLACE
City-St-Zip: LAKELAND, FL 33805

Title: MGRM () Delete
Name: BAFFOE-BONNIE, ANN-SHIRLEY
Address: 202 PARKVIEW PLACE
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: HENRY BAFFOE-BONNIE

MD

10/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date