

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000020951

**FILED**  
**Nov 15, 2007**  
**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 exemption stated in Chapter 119, 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: ANN SHIRLEY BAFFOE-BONNIE

MGRM

11/15/2007

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