2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# L06000097478

Entity Name: ORLANDO INFECTIOUS DISEASE CONSULTANCY SERVICES, P.L.

Current Principal Place of Business:

1182 CYPREE GLEN CIR.
KISSIMMEE, FL 34741

New Principal Place of Business:

1182 CYPREE GLEN CIRCLE
KISSIMMEE, FL 34741

Current Mailing Address:

4156 BROOKMYRA DRIVE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-5668064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KHATTAK, RIAZ
4156 BROOKMYRA DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

ESAT, MARIAM A
4156 BROOKMYRA DRIVE
ORLANDO, FL 32837 US

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: MARIAM A. ESAT 04/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KHATTAK, RIAZ
Address: 4156 BROOKMYRA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete
Name: ESAT, MARIAM
Address: 4156 BROOKMYRA DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ESAT, MARIAM A
Address: 4156 BROOKMYRA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM (X) Change ( ) Addition
Name: KHATTAK, RIAZ A
Address: 4156 BROOKMYRA DRIVE
City-St-Zip: ORLANDO, FL 32837

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: MARIAM A. ESAT MGRM 04/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date