

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055370

FILED
Feb 23, 2009
Secretary of State

Entity Name: FIRST COAST INFECTIOUS DISEASE CONSULTANTS, LLC

Current Principal Place of Business:

3599 UNIVERSITY BLVD., SOUTH
BLDG. 500, SUITE 504
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

2520 BUTTONWOOD DRIVE
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C. WILLIAM CURTIS, III, P.A.
2107 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAM C. GOROSPE, M.D.,PH.D., P. L .
Address: 2520 BUTTONWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR () Delete
Name: SEBASTIAN STANCIU, M, .D., P.L.
Address: 2605 DALMATION LANE EAST
City-St-Zip: JACKSONVILLE, FL 32246

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: WILLIAM C. GOROSPE M.D.,PH.D.,P.L

MDRM

02/23/2009

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