2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2011
Secretary of State

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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: 26-0229265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

GOROSPE, WILLIAM C MD
3599 UNIVERSITY BLVD. S.
BLDG. 500, STE. 504
JACKSONVILLE, FL 32216 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: WILLIAM C. GOROSPE, MD 05/25/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

I hereby 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 Statues.

SIGNATURE: WILLIAM C. GOROSPE, MD MGR 05/25/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date