2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

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Entity Name: INFECTIOUS DISEASE CONSULTANTS, SANIL THOMAS, M.D., L.L.C.

Current Principal Place of Business:

9116 SW 51ST ROAD, #A103
GAINESVILLE, FL 32608

New Principal Place of Business:

9116 SW 51ST ROAD
A-103
GAINESVILLE, FL 32608

Current Mailing Address:

9116 SW 51ST ROAD, #A103
GAINESVILLE, FL 32608

New Mailing Address:

9116 SW 51ST ROAD
A-103
GAINESVILLE, FL 32608

FEI Number: 86-1040510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOAN, ROBERT E ESQ.
FISHER, BUTTS, SECHREST & WARNER, P.A.
5200 SW 91ST TERRACE, STE. 101
GAINESVILLE, FL 32608 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: MGRM ( ) Delete
Name: THOMAS, DR. SANIL M.D.
Address: 9116 SW 51ST ROAD, #A103
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

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: SANIL THOMAS MGRM 01/06/2009

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