

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000085497

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: THOMAS, DR. SANIL M.D.  
Address: 9116 SW 51ST ROAD, #A103  
City-St-Zip: GAINESVILLE, FL 32608

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 Statutes.

SIGNATURE: SANIL THOMAS

MGRM

04/23/2012

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