

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000066586

FILED
Mar 11, 2011
Secretary of State

Entity Name: TRI-COUNTY INFECTIOUS DISEASE CONSULTANTS, LLC

Current Principal Place of Business:

7750 EAST MISTY LANE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

7750 EAST MISTY LANE
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 27-0523178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIKIN, SHEILA
7750 E MISTY LANE
INVERNESS, FL 34450 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: GILLIKIN, SHEILA M.D.
Address: 7750 EAST MISTY LANE
City-St-Zip: INVERNESS, FL 34450

Title: MGRM
Name: INTEGRATIVE MULTISPECIALTY MEDICAL CONSULT
Address: 1576 BELLA CRUZ DR STE 363
City-St-Zip: THE VILLAGES, FL 32159

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: SHEILA GILLIKIN

MM

03/11/2011

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