

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000037585

FILED
Feb 15, 2012
Secretary of State

Entity Name: HEALTHCARE-ASSOCIATED INFECTION SOLUTIONS, LLC

Current Principal Place of Business:

540 N. STATE ROAD 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

540 N. STATE ROAD 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

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

Name and Address of Current Registered Agent:

FRIED, MITCHELL I ESQ.
999 DOUGLAS AVENUE, SUITE 3320
ALTAMONTE SPRINGS, FL 32714 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: MILLER, JOHN B
Address: 540 N. STATE ROAD 434, SUITE 530
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM
Name: CURTIS, JAY L
Address: 540 N. STATE ROAD 434, SUITE 530
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JOHN B MILLER

MGRM

02/15/2012

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