2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L98000002733

Entity Name: INFECTIOUS DISEASE PHYSICIANS OF FLORIDA WEST COAST, P.L.

Current Principal Place of Business:

1121 OVERCASH DRIVE
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2216
DUNEDIN, FL 346972216

New Mailing Address:

FEI Number: 59-3368630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERKE, ERIC S PH.D
1121 OVERCASH DRIVE
DUNEDIN, FL 34698 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: MGR ( ) Delete
Name: BERCUSON, DON H
Address: 1121 OVERCASH DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: MGR ( ) Delete
Name: HOFFMAN, THOMAS A JR
Address: 1121 OVERCASH DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS A HOFFMAN JR DR 04/03/2009

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