2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P03000116292

Entity Name: WEST COAST INFECTIOUS DISEASES, P.A.

Current Principal Place of Business:

1840 MEASE DR.
SUITE 319
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DR.
SUITE 319
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 20-0312349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAARTZ, BRENT W
16747 NIKKI LANE
ODESSA, FL 33556 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAARTZ, BRENT W
Address: 16747 NIKKI LANE
City-St-Zip: ODESSA, FL 33556 US

Title: VP ( ) Delete
Name: GROOM, TODD M
Address: 1501 S. PINELLAS AVE, STE B
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GROOM, TODD M
Address: 1840 MEASE DRIVE, SUITE 319
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S ( ) Change (X) Addition
Name: PHILLIPS, MICHAEL C
Address: 1840 MEASE DRIVE, SUITE 319
City-St-Zip: SAFETY HARBOR, FL 34695

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT W. LAARTZ, MD P 01/07/2008

Electronic Signature of Signing Officer or Director — Date