

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116292

FILED
Mar 31, 2009
Secretary of State

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: 1840 MEASE DRIVE, SUITE 319
City-St-Zip: SAFETY HARBOR, FL 34695

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date